

The New York Medical Times

VOL. XV.

NEW YORK, MARCH, 1888.

No. 12.

ORIGINAL ARTICLES.

OBSERVATIONS ON MELANCHOLIA.*

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AMONG diseases classed as *mental*, none presents complications more numerous or appears under forms so varied as melancholia. The ancient physicians attributed the malady to disordered bile, hence the name they gave it, *melancholia*. Modern observers have extended the area of causes of this dread disease somewhat, without discrediting, however, the judgment of the Greeks, who found disorder of the hepatic function the cause in chief. In general, the phenomena presented by a person suffering from melancholia, even in its incipient stage, that of simple hypochondria, *are* bilious—that is to say, the general aspect of an individual so suffering is *bilious*. His physiognomy is clouded with gloom and misery. His skin is dry and yellowish; his form wasted. He suffers from dyspepsia. The tongue is loaded and the appetite wanting. The subject has wind and oppillations, gastric heaviness and eructations with oppression of the hypochondrium. He is spiritless and wanting in vital heat. The pulse is sluggish. He does not rest well. His sleep is fitful and disturbed by bad dreams. Nightmare is of frequent occurrence. He is tormented by evil forebodings which take possession of him and from the shadows of which he finds escape impossible. The functions of organic life are all depressed in any form of melancholia and those of conscious life suffer accordingly.

Such are the leading bodily symptoms, subjective and objective, of persons suffering from incipient melancholia, or hypochondria, as Griesenger characterizes it. But the psychical symptoms are more pronounced. Mentally, the subject is low spirited, sorrowful—dejected. He goes about with the air of one who has met with some grave calamity—as the wreck of his fortune, or the death of his dearest friend. He is unhappy and discouraged; disposed to look on

the dark side and to brood over troubles for the most part imaginary. He is weary of life; is disinclined to exertion of any kind; takes little interest in anything except his ill-feelings of which he is painfully conscious. He cannot pursue his business with his usual zest. He does not care to read, to meet his friends, to go anywhere, or to see anybody. He prefers solitude, and yet fears to be alone. His ideas are sluggish, and while his judgment may be sound and his reasoning logical, his feelings are morose, disconsolate and unhappy. The will is impaired in the simplest form of melancholia, as evidenced by the patient's indecision as to the things of the least importance, such as going to drive, calling on a friend, changing his linen, going to a concert, or a lecture, etc. He puts off—postpones—neglects, defers, everything for the want of that interest in life and things which is the natural inspiration of all endeavor.

This condition of body and mind is frequently met with among both sexes. The subjects of it are not insane, exactly, certainly not insane enough to be sent to an asylum, but yet they are insane enough to be miserable and to make others miserable. The cause or causes of it are numerous. Moral causes often produce it, such as the loss of fortune or of loved ones; disappointment in love, business, or ambition, etc. The prominent causes of this state of things may be summarized as follows:

- 1st. Neglect of the laws of organic life;
- 2d. Neglect of the laws of psychical life; and
- 3d. Extra-human, or unavoidable causes, as post-natal influences, age, sex, mal-environment, etc.

The first category of causes embraces errors of diet and habits of eating and drinking, the consequence of which is mal, or defective nutrition; neglect of personal sanitation, that is, of the bodily functions and environment; disregard of the necessity of pure air and water, and of sunlight; exposure to extremes of heat and cold; and to malarial causes; indifference to rest and sleep, etc. Under these mal-influences the powers of the unconscious sooner or later succumb to disease, or are broken down utterly and with them the powers of conscious, or psychical life.

The second category of causes embraces errors

* Contributed to the Bureau of Nervous and Mental Diseases, Homoeopathic Medical Society, State of New York. Annual meeting, February, 1888.

in the use of one's faculties—disregarding the laws of the mental economy. These errors consist in the over-indulgence of the passions; cultivating an inordinate love of pleasure; indulging habits of idleness and dissipation; confining one's self too closely to business to the neglect of rest and recreation; persistent violations of the sense of duty (in sensitive temperaments); uncongenial companionship; compulsory devotion to an occupation or business to which one is unfitted by natural bent or talent; vexations and worries, harrassing cares and anxieties consequent on failures and disappointments (in oversensitive temperaments); over-taxing the mind; following through long courses a single line of thought, or prosecuting an exclusive branch of study or business in which but a part of the mind is exercised, as in bookkeeping, gratifying a greed for gain, the profession of music, language, theology, etc. These and a thousand other similar causes tend to weaken and unbalance the mental faculties and to prevent or destroy their influence over the bodily life, thus rendering the subject of them a prey to morbid or deranged emotions.

Case I.—A case illustrative of this phase of melancholia, or mental depression, caused by mental strain and prolonged indulgence of a single line of thought was that of a gentleman, past middle age, who was connected with a large manufacturing business, having charge of the finances, to which he had devoted himself unremittingly during a quarter of a century, to the neglect of the claims of either body or mind. At first he suffered from dyspepsia, having feelings of oppression at the epigastrium, as if a paving stone had lodged there, and constipation. Later, he suffered from depression of spirit and was continually haunted with the sense of impending disaster. Naturally of a sombre disposition, this peculiarity grew upon him, accompanied with sleeplessness, pain in the occiput and a sensation of burning in the top and back of the head, and occasional attacks of vertigo. Finally, collapse came and he was compelled to withdraw from business.

We treated this case mainly with *ignatia*, phosphoric acid and *strychnia*, singly, and in succession, and of various degrees of dilution; advised retirement from business, rest, amusement and travel. He recovered in the course of two years under this course; but during all that time, while his judgment of men and things was sound and his reason clear, he could not look at a column of figures without an attack of vertigo and faintness!

Case II.—Another similar case, though of less gravity and of temporary duration, came under our observation more recently. It was that of a writer who under the demands of his publisher, continually overtaxed himself, writing often under the influence of stimulants in order to complete his tasks. A mild form of melancholia finally supervened and he was persuaded to take a brief vacation, from which he returned apparently in worse condition than before. We give the symptoms of his case and the circumstances of his recovery in his own words:

" * * * I acted upon your advice and took a stroll in the country; lived much out of doors, riding horse-back and driving when the weather permitted. The remedies which you gave me were faithfully taken, apparently without benefit. I returned to the city a few days since, under pressure of work which must be done, more dead than alive. You can hardly imagine the wretchedness of my days and nights. I seemed to be enveloped in an atmosphere of gloom and my being fairly to drip with melancholy. My mind seemed empty of ideas. I could neither read nor write. Conversation was a bore. Horrible fancies possessed me at night and profound lethargy by day. I ate fairly well and suffered no dyspeptic anomalies. My bowels were obstinately constipated; urine scanty, with mealy sediment; skin dry and hot (the weather being warm).

" This, in brief, was my condition when I returned to my post at the urgent importunity of my printer. He was waiting for 'copy' which I had promised to produce. 'How can I ever write again,' thought I. 'But I *must* do it,' I said to myself. Impelled by the necessity of the situation I essayed my task, but at first to no purpose. Again and again I tried to write, succeeding only in composing detached sentences quite foreign to the purpose. I walked to and fro in my rooms by the hour, alternately imploring divine aid and damning my stupid brain! When I fancied I had an idea I went to my desk and wrote it down, then would rise and begin the struggle again for another. Not to weary you with too great prolixity, this process of writing—this fierce struggle against what I could not help feeling was my own stupid brain—went on day and night, with infrequent intermissions, for three days, toward the end of which I began to feel some degree of mastery over my mind. Strange to say, this mastery came in this way: I began to feel a rumbling in my bowels. From being as still as night and as motionless as a stick in the mud, my bowels commenced to be noisy and to show signs of animation. The rumbling increased

a pace until it became a roar, and the roar a violent cannonade! These were followed presently with a quantity of scybala-like dejections and these, again, with copious normal stools. The victory was won. From that moment my mind was liberated from the thralldom of locked secretions, and I could write with the ease and freedom of former days. I have only to add that the normal condition of body and mind was at once restored."

The experience of this gentleman, who is a man of stable constitution, which means, an indomitable will, is most significant as showing the influence of the will over the bodily functions. Further comment would be out of place in this connection.

Case III.—Another case of hypochondria with monomania, of malarial origin, came under our care a few months since. It was that of a single lady, of middle age, who imagined that she had rheumatism, to combat which she must keep herself secluded from the air and avoid the touch of water. We were called to her early in July, 1887, during the heated term of that year. We found her sitting up to receive us in a room the windows and doors of which were carefully closed. The heat outside was 96° in the shade; the heat inside was rather less, but the atmosphere of the room was most stifling, being close and charged with the fœtor of the patient. Still further to protect herself from the fear of fresh air, the patient was dressed in underwear of thick flannel, several flannel petticoats, a heavy woolen wrapper, two woolen shawls, and over these was wrapped a thick comforter. In bed she kept on the woolen wraps, including drawers, beside being covered by a bountiful supply of flannel blankets.

The patient had been in this state of dread of air for several months. She imagined that cool air was the source of all her woes and that in heat was to be found the healing of them; and she implored me at the outset not to deprive her of her wraps, nor to subject her to the drafts of an open window. Of water she had an equal fear, and she had not had a bath in months!

The leading symptoms of this case were slight chilliness in the morning with muscular pains, and a slight rise of temperature in the afternoon, accompanied with perspiration. At night the patient was sleepless and oppressed with vagaries. At all times she was despondent and occupied with her morbid feelings.

The treatment of the case consisted of arsenicum alb., the 3d decimal dilution; a daily sponge bath (tepid); the proper ventilation of her room

and the gradual removal of her surplus wraps. This last was finally effected by impressing upon her mind the danger she incurred of injuring her skin by the excessive perspiration which the excess of covering induced. The prompt recovery which she made was no doubt largely aided by disabusing her mind of the idea that she had rheumatism, and the positive assurance we gave her that she needed the out-door air and sunshine in order to get well. Hope is the most important element of therapeia in all these cases to inspire which is to establish convalescence.

The hypochondriac is often suicidal. This is not due so much to disgust of life from which he suffers as to a characteristic impulse. While one suicide would be horrified at the thought of a particular mode of self-destruction, as for example, hanging, another would prefer hanging; while still another would have a decided preference for suicide by cutting his throat. The more horrible the mode of self-destruction the more tempting it is to many of these cases, which seems to show that it is not death as such, which is sought by them, but the gratification of a morbid desire.

Case IV.—One of my regular patients, a middle aged man of good physique, but of insane antecedents, consulted us a few years since, not because he was ill, he said, but because he had a desire to cut his throat, from doing which he was dissuaded by the consideration he had for his wife and children to whom he was fondly devoted. "I could cut my throat with the greatest of pleasure," he said to me on one occasion. "I know it would be wicked to do so, and my reason tells me the impulse is morbid. For these reasons I come to you that you may prescribe for me and rid me, if it be possible, of this dreadful impulse."

This gentleman suffered from constipation; did not enjoy his food; his skin was slightly jaundiced; his mood, decidedly melancholic; the morning temperature slightly below normal; the evening temperature 1½° above normal. We prescribed soluble mercury, 3d potency, for him, to be taken four times a day, and suspecting a malarial complication in his case, as he resided in a malarious district, we followed that remedy a week later with grain doses of quina sulph. three times a day. A few weeks under this remedy, taken interruptedly, found him with improved health, and relieved of the suicidal impulse, from which he has not since suffered.

In real or true melancholia the conditions met with, though similar to those we have described, and possessing all their characteristics, are far more serious. The functions of the grand sym-

pathetic system are profoundly depressed, and there is cerebral irritation, associated with positive organic disease. The patient is not only hopelessly despondent even to the verge of suicidal madness, but his mind is oppressed with a thousand fears in respect of himself. He is profoundly self-conscious; takes no interest in life—the world outside of himself; talks continually of his symptoms and goes about with a despairing air and a listless manner. While he is weary of life he has dread of dying. He suffers from a sense of being ill, very ill, and yet cannot tell wherein. When closely questioned as to his feelings he will only say: "Doctor, my sufferings are horrible. I am sick all over. I am indescribably wretched. There is no suffering comparable with this." He indulges in lamentations; he weeps; he supplicates divine aid; charges himself with offenses which he never committed; is filled with remorse at some trifling misstep; regrets the past, that is, the things which he ought to have done—neglects, which have brought this misery upon him. His mind is weak—ideas confused. He cannot apply himself to anything. He is vacillating and indecisive. His purpose changes with every suggestion. He will go anywhere with anybody; do anything that promises to relieve him; he is always seeking advice; will try, if left to himself, everybody's doctor in turn or altogether, and take every doctor's dose, be it ever so nauseating. His will is impaired by the malady and he is left, like a rudderless ship at sea, a prey to shifting and aimless influences.

The melancholic is a prey to vagaries, frequently to delusions—mostly concerning himself—his ailments. He imagines that he has some horrible impossible disease. Every new symptom is a fresh occasion for despair. He is sensitive and suspicious; tormented with fears of bodily harm—often with a sense of fear for which he can give no reason. He imagines that he is paralyzed; that he cannot swallow, or that he has lost his voice; refuses to eat lest his food may obstruct his stomach or bowels—sometimes for fear of being poisoned. Suicidal impulses haunt him, and not infrequently he yields to them as is shown by the annals of current events.

The nerves of special sense are frequently affected in the melancholic. Food does not taste natural; the victim is troubled with false or imaginary odors; optical illusions are often present; the hearing is preternaturally acute, or is preternaturally dull from noises in the head or other causes; the skin loses its natural sensibility and torments the sufferer with disordered sen-

sations—such as crawling, coldness, burning, numbness, or hyperæsthesia. We have known cases in which some of the special senses were suspended—the patient to become deaf, or to lose his eyesight—temporarily.

In profound melancholia the bodily functions are not only impaired, but serious organic lesions may exist. There is generally cerebral hyperæmia; often, atheroma of the cerebral vessels; intra-cranial tumors, softening, etc., etc. Affections of the liver are constant factors in these disorders. The kidneys may be the seat of lesion also, as gravel, or cirrhosis. Disease of the testes and prostate, of the uterus and its appendages, and of the cerebro-spinal system are most frequent; strictures, stenoses, hæmorrhoids, malignant growths, etc., etc., are likewise not infrequent proximate causes of melancholia, as well as serious complications to be met in its treatment. In all cases in which there is hereditary tendency to insanity, or in which there exist an insane temperament or neurosis, slight lesions, from their liability to produce cerebral irritation, may lead to the development of melancholia. The same may be said of objective causes, as epidemic, mental strain, privation of sleep, shocks to the nervous system, infection, sunstroke, etc.

Case V.—An illustrative case of acute melancholia which was caused by nervous shock and the effect of extreme heat, came under our observation a short time since. It was that of a young man, a lawyer by profession, who, soon after attending upon the illness and death of a loved brother, was overcome by heat one day in July, 1887. With the serious prostration which followed symptoms of profound depression came on. His sleep became fitful and unrefreshing; his appetite and digestion impaired; and from being active in business, political and social affairs, he became indolent, diffident, self-conscious and retiring, losing all interest in life, or hope of regaining his health. He was troubled with enuresis and spermatorrhœa; complained of a fullness in his head, confusion of ideas and of palpitation of the heart. He could not fix his attention upon anything. The pulse rate was 120; temperature normal in the morning—slightly above normal in the evening—without thirst. "No one," he said, "can know the horrors of my mental state. The hours seem days and the days months. I live in a state of extreme fear and horror all the time and would sacrifice life, fortune, everything, if by so doing I might be relieved of this agony." He continually counted his pulse and took his temperature; sighed and moaned and wept—always talking of his symptoms and bewailing his

lot. He had no will or purpose of his own. In his case a character originally brave and resolute gave way to vacillation, indecision, indifference, listlessness, irresolution, timidity and despair. Disease can make no sadder wreck of a man than this!

We began medicinal treatment of this case with veratrum album tincture, in doses of one drop, followed with diluted phosphoric acid, in three-drop doses, without appreciable benefit. His symptoms finally became so hysterical that we felt constrained to prescribe a woman's medicine for him—pulsatilla, which we did, in low potency, with a decided amelioration of all his sufferings, the pulse rate gradually falling to 80, and his nights becoming restful. The improvement, however, was of brief duration. He had made steady improvement under pulsatilla for nearly a month, and had so far recovered as to think of resuming business, when a mishap not uncommon in the clinical history of such cases in private practice befell him. During our temporary absence a friend persuaded the patient to consult *her* doctor, "who was so good in such cases," through whose mistaken advice he took a few full doses of bromide sodæ, the doctor falsely assuring him that the drug was harmless and not at all incompatible with the course of medicine which he was pursuing under our care. His pulse rose immediately to 120 per minute, followed with a return or aggravation of his morbid mental state. At this juncture our treatment and observation of the case ended. However unfortunate the severance of our relations with this case was for the patient, it was less so for the purpose of this report, which is mainly to show the value of pulsatilla in states of mental depression, especially when accompanied by or associated with derangements of the sexual system—even in males.

In the treatment of these forms of mental depression, success depends largely upon moral influences, not the least among which are those within the control or power of the doctor. The *ars medici* is a power in these cases apart from method or medicine. While it is important that one who aspires to minister to persons suffering from any form of melancholia should have learning, it is indispensable that he have tact. The inexperienced is liable to attach too little weight to this fact and to rely too much on the agencies of the *ars medicæ*, or medical science and art. Experience will correct this error, for it is demonstrable that one's success in these cases depends as much on himself as on the medicament which he prescribes. When we say *himself*,

we mean his *personal* self, the power which he possesses—or ought to possess and to be able to exercise—of inspiring in his patient's mind faith in himself and hope of recovery. To this end, the physician *must show that he has a lively appreciation not only of his case but of his sufferings*. He should be patient and considerate; kind and sympathetic without descending to pity, or humoring whims or caprices; firm and decisive without harshness or impatience. His manner should be positive while assuring. He should never allow himself to exhibit surprise, or to become disheartened or discouraged by new or unfavorable changes in the patient's symptoms. The physician should be a stay and a staff to his patient, a source of rest, unfailing cheer, strength, courage and hopefulness.

While it may often be necessary to keep his own counsel—to conceal from the patient the true nature of his disease, its prognosis, etc., the physician should be frank and honest with his patient, never descending to argument, deceptive subterfuges, tricks or devices in order to gain control, or to carry his point. He should so conduct himself as to show that he is worthy of the respect, trust, confidence and faithful devotion of his patient. Unless he can command all these, learning and the best approved remedies will avail him little. This is the first desideratum.

The second desideratum in the treatment of melancholia is to remove the cause or causes of the malady, so far as it may be possible. False habits should be corrected; defects in sanitary surroundings remedied; and causes of worries, anxieties, vexations, etc., removed. The powers of life should be sustained by appropriate and ample nourishment. Absolute rest should be given to the mind.

The third and last desideratum in the treatment of melancholia is medicinal. In this matter, strict adherence to the homœopathic method cannot be too strongly insisted upon. It is in the treatment of mental diseases, particularly, that the method of *similia* is destined to achieve its greatest triumph, and the beneficence of the mild and appropriate dose is to be made manifest. It is idle to attempt to indicate in this connection remedies for cases necessarily hypothetical. Each case that presents itself should be individualized and studied by itself, in connection with the remedies. The range of well-proved remedies for these cases is by no means small, and while its extension is greatly to be desired, its resources may be relied upon, if faithfully studied and intelligently applied.

THERAPEUTICS OF LITHÆMIA.—CHAMOMILLA.*

By C. E. LANING, M. D.

BEFORE proceeding to the study of the symptoms which indicate this remedy in lithæmia, let me refer to a few points which should always govern us in the selection of a remedy. Under bryonia and antimonium crudum you remember the mental symptoms were those indicating irritability; you will find that chamomilla also has these symptoms in a marked degree. While not expressed in the same language, the symptoms under each of the remedies mentioned are very similar in character, and it so happens that they are strong indications for each remedy. But, while in this case this is true, other remedies will be found in which, while the mental symptoms may seem well marked, they nevertheless do not have the significance which they do in these three remedies. That we may clearly understand this, let us look a little further into the action of remedies and disease. In almost all diseases there are certain symptoms which are characteristic not to say pathognomonic of them; further, nearly every disease is ushered in, in a certain way, *e. g.*, pneumonia, pleurisy, etc., with more or less decided chills. This goes to show that the first nervous centres involved in either disease are usually the same, *i. e.*, the morbid agents which are capable of producing pneumonia or pleurisy, exert a special and primary action upon the centres which give rise to chill or chills. Looking at the action of remedies from the same standpoint, we observe that a given drug during its proving always affects certain centres in a certain way; and moreover of the centres involved some are always more powerfully affected than others, and some always affected first, others secondly, and so on. By careful observation and comparison, we learn what centres are usually first deranged by a drug, and which are the most powerfully or decidedly affected. When, therefore, a disease is developing, or in case it has fully developed before we are called to treat it, we should carefully note the order, manner and degree in which the different structures are affected. Then not merely select a remedy which corresponds fairly well to the symptoms in the case but one which in its proving has been shown to attack the organism in the order and manner of the disease. I have already stated that some drugs act more decidedly and certainly upon special centres or tissues than do others. In prescribing this must be borne in mind, and if, as in the case of the remedies already

studied, the mental symptoms which are common to them all are known to be more pronounced, and more frequently produced under the action of one than the other, all things being equal, we must give that remedy the choice. Remember the point I am about to mention, and impress it well upon your minds for the lack of a knowledge of it is the rock upon which many otherwise excellent prescribers have split. Here it is in a few words. *Very similar indeed often identical symptoms are produced by very different causes.*

Under chamomilla we find the mental symptoms are well marked and characteristic, and furthermore that they are often among the first noted in cases of hepatic disease calling for this remedy. The patient will tell you, if an intelligent adult, that for days, and perhaps weeks, before he realized he was sick, or called a physician, he noticed that he was irritable and easily annoyed, inclined to be vehement and easily excited.

This form of impatience, which is sometimes restrained in the most refined people only by the greatest effort, I have noticed more than once in those suffering from ailments calling for chamomilla.

This last symptom is one often found in hepatic difficulties, and indicates, as I have already stated to you, a hyperæmic condition of the cerebral capillaries. The presence of more or less imperfectly disintegrated substances in the general circulation tends to produce a soporific effect upon the brain, but, nevertheless, the hyperæmic state referred to counteracts it to such an extent that sleep is impossible, or at least fitful and unrefreshing.

You will remember that vertigo was mentioned as a symptom not infrequently occurring in the disease under discussion. Chamomilla causes a vertigo which, when studied in connection with its concomitants, points clearly to a gastro-hepatic origin. It is as follows: "Vertigo after eating, staggering in the morning on rising from bed, with fainting, with dimness of sight when sitting up in bed." Here you note the aggravation from eating, the significance of which is too plain to need further comment. "Staggering on rising in the morning, dimness of sight on sitting up in bed, fainting." This is a group of symptoms which has its origin from an affection of the cervical sympathetic that supplies the vaso-motor nerves for the neck, face, cranium and brain. You have not studied the nervous system yet sufficiently to understand the connection between these nerves and the stomach and liver, sufficient to say that there is such a connection brought about by means of the so-called *rami communi-*

* An abstract from *The Clinique*, December 15, 1887.

cantes which we will study a little later on. Chamomilla, or a disease acting in a similar way, so affects these ganglia of the cervical sympathetic, that the vaso-motor fibres having origin therefrom, or more properly speaking which pass through them, are at times irritated, again, they are in a paretic state. When irritated they diminish to a greater or less degree the quantity of blood in the brain. A diminished blood supply to the *gyrus angularis*, the centre of sight, causes modifications of vision, among them being dimness of sight. So this vaso-motor anæmia varying in degree causes staggering or even fainting. That an irritation of these ganglia may produce the symptoms mentioned has been conclusively proven by an experiment made by Brown-Sequard. Having a patient suffering from a severe congestive headache which nothing relieved, he determined to apply galvanism to the cervical sympathetic, knowing that thereby he would cause the vaso-motors controlling the cerebral circulation to be thrown into a state of activity, they evidently being more or less paretic at the time. He did make application of the electric fluid as indicated, and was greatly annoyed to find that his patient was troubled for the next twelve hours with vertigo, dimness of sight, and frequently recurring and obstinate fainting spells. He had caused too great an irritation of the ganglia, and one extreme followed the other.

The ganglia of the left side are the most frequently and decidedly affected. This is shown by several characteristic symptoms of chamomilla. The flushing of the cheek, which is so prominent a symptom under this drug, is on the left side most frequently. Thus the symptom in Hering's "Materia Medica" reads: "Redness and heat of one cheek (left), the other pale." Looking further we find corroborative evidence in the headaches of chamomilla. The hyperæmia is largely confined to the left side of the brain, as shown by the following symptoms: "Tearing and stinging pain in left side, particularly in the temple and in and around the eye." "One-sided drawing headache." "Violent stinging pains in left side of the head, from occiput to upper jaw." "Transient attacks of throbbing in one-half of the brain." From these symptoms quoted accurately from the *Materia Medica* you see what a decided action this remedy has upon one side of the head, and that, the left. As a symptom showing the hyperæmic character of the head symptoms, we may mention the following: "Pressure extending from vertex to temples, worse when thinking of it, from sudden stooping, or from mental exertion." You will at once see that all the causes

of aggravation are those which would tend to increase the quantity of blood in the brain; "thinking of it, sudden stooping or mental exertion."

The nasal symptoms, while in character resembling those mentioned as belonging to lithæmia, are such as we might almost reason out from the knowledge we already have of the action of the drug. You will recall what was said in regard to the mental state, *i. e.*, as being one in which hypersensitiveness, so to speak, was present, an *intolerance* of anything annoying. Under the special sense of smell, we find the symptom, "Extremely sensitive to all odors," and we might add *intolerant* of all disagreeable odors, and if the sense of smell is materially acute, it is not so much to be wondered at. Hyperæmia of the centres of smell in the inferior tempero-sphenoidal convolution no doubt has a tendency to render the sense of smell more acute; also the same condition in the Schneiderian membrane probably affects the peripheral filaments of the olfactory nerve in such a way as to increase its sensibility. That hyperæmia of this membrane is present is abundantly shown by certain nasal symptoms; thus: "Irritation to sneeze, with crawling, dry heat and stopped-up sensation, feeling as if coryza would appear." "Nose bleed relieving the confusion of the head." If you remember your anatomy, you will recall the fact that a small vein passes from the nasal cavity up through the foramen cæcum to empty into the superior longitudinal sinus. When, therefore, the brain has become surcharged with blood, the rupture of the little vein relieves the pressure in the sinus and consequently of the brain in general.

Let us now see how other symptoms of this remedy correspond to those of lithæmia. As regards the mouth and tongue, we find the following, and their relationship to the disease under consideration is unmistakable: "Taste bitter, sour, like rancid fat; putrid." "Tongue coated, white yellowish, or white at the sides, red in the middle; red; cracked." "Burning on tongue." While any of these symptoms may be present under chamomilla, you will nevertheless find that the taste is most frequently *bitter*, and the coating of the tongue yellowish rather than white. If the tongue is not coated at all, or at least only at the base as is often the case, the remaining portion will look quite red, a decided evidence of the hyperæmia which is present in it, and which further indicates a similar condition of the mucous membrane from the mouth to the stomach. There is a "fetid smell from the mouth," and remembering what I just said about the hyperæmia of the mucous membrane, you are prepared to find and

interpret the symptom, "heat in the mouth, pharynx and œsophagus to the stomach." I say you are prepared to find this symptom, and if you remember the pathological condition which is the basis of it, you will never forget that it is a symptom of chamomilla any more than you will forget that the intense hyperæmia of the tissues within the orbital cavity give rise to the symptom already mentioned, viz.: "Violent pressure in the orbital region; sensation in the eyeball as if it were tightly compressed from all sides, with momentary obstruction of sight."

The salivary glands are more or less active under this remedy as shown by the symptom, "collection of saliva of a metallic or sweetish taste." You will find more often than otherwise that the metallic taste predominates rather than the sweet, though the bitter is more likely to be present than either. I will not stop at present to explain to you the significance of this salivary symptom, there will be occasion to do so later on, after you have acquired such a knowledge of the nervous system as to make an explanation more easily understood and intelligible.

Bearing in mind the condition of the mouth, throat, etc., *i. e.*, in regard to its hyperæmic condition, we could almost predict the following symptom: "Thirst for cold water; likes to hold the cold water in the mouth a long time." That we may the more fully understand the import of this symptom, let us take a glance at the causes of thirst. Thirst is *always* due to two main or principal factors, a primary and a proximate cause. The primary cause is a lack of water in the system, the proximate cause is the hyperæmia of the mucous membrane of the buccal and pharyngeal cavities, increased or intensified if the hyperæmia extends down the œsophagus to the stomach. Understand these are the two factors which produce *normal* thirst, in which case the primary of course always precedes and gives rise to the proximate. In diseased conditions as when the organism is under the influence of certain drugs, there is a different state of affairs, that is, a hyperæmic condition of the mucous membranes referred to occurs without there being any primary cause of thirst present. In such a case it is readily seen that the introduction of water will only temporarily allay thirst, in fact only while the capillaries of the mucous membrane remain contracted as a result of the cold water passing over them. This shows us why the chamomilla patients enjoy or get relief from "holding the cold water in the mouth." And incidentally, let me call your attention to the fact that the toothache of chamomilla is relieved by cold, "By putting

the finger wet with cold water in the mouth," as the symptom reads.

Next we find the following symptoms which suggest lithæmia and chamomilla at the same time. "After eating, abdomen puffed up." "Eructations, sour, constant, empty." The cause of these symptoms I will defer giving until we find them under another remedy, in which they are produced in the same way. We have already had reason to presume that coffee and chamomilla were antagonists, *i. e.*, that coffee aggravated chamomilla symptoms. You remember what was said about the teeth in connection with this. As further evidence in this line we have the following symptoms: "Pressive pain in the stomach and beneath the short ribs, which impedes breathing, especially after drinking coffee." These are purely congestive symptoms, and that you may not misunderstand me when I refer to coffee and chamomilla as antagonists, let me say a word or two further on this matter. We have certainly seen that chamomilla gives rise to hyperæmia, coffee does also, therefore, there already being present this condition, it will readily be seen that coffee will intensify it, and hence aggravate the symptoms which appear as a result of it.

Another symptom now presents itself, to which we have already the key. "Stitches in the region of the liver, followed by chilliness, after vexation." This of course is not a constant symptom, but when occurring shows the chamomilla susceptibility, so to speak, underlying the case. This chilliness just mentioned suggests to me some very characteristic symptom of this drug connected with the vaso-motor system upon which we have seen it exerts a decided action. In some cases of lithæmia you will find as prominent and disagreeable symptoms. "Icy coldness of the hands or feet, or both, occurring almost always soon after eating, sometimes coming on while the patient is at a meal." This will continue a variable length of time, to be succeeded by warmth, almost amounting to burning of the hands and feet, accompanied by much fullness of the veins. You remember the cheek symptom, which shows a tendency to an affection of certain definite vaso-motor centres, causing a flushing and burning of a circumscribed spot. The vaso-motor centres in the dorsal and lumbar regions respectively are involved in a similar manner, and hence there is burning of the palms of the hands or soles of the feet, so that the patient wants to stick them (the feet) out of bed at night, or find a cool place for them. (*vide sul.*)

As regards the condition of the bowels under this remedy we are much more liable to find pres-

ent diarrhœa or at least loose movements than constipation. The reason for this is at once apparent. Acting upon the arterial system rather than the venous the capillaries of the hepatic artery are distended, and more than the normal amount of blood is thrown into the liver. This stimulates its function so far as the secretion of bile is concerned. What will be the effect of this, you thoroughly understand. The capillaries of the mesenteric arteries are affected in the same way as are those of the hepatic, and consequently the intestinal secretion is increased.

You will find, however, that if your case is chronic at all, the character of the stools, as well as their frequency, will be different from what pertained to the early stages. Thus at first, if a chamomilla patient, the clinical history of the case will reveal the fact that at the onset of the attack the stools were loose, consisting of feces and mucus of a bilious character and of a disgusting odor, resembling that of rotten eggs, due to the formation in the intestine of carburetted hydrogen, the same as gives to the eggs their odor. When the case has become chronic, the stool will be scanty and irregular, frequently light colored and foul smelling.

You will at once recognize the, as we might term them, limb symptoms of lithæmia, in those which I am about to give you. "Heaviness and lassitude in the legs, aching in all the limbs with feeling of heaviness." "Tearing pains from abdomen down into the legs." This last symptom is quite characteristic of chamomilla, and is found, not only in hepatic difficulties but also in affections of the uterus or rectum, though the fact must not be lost sight of that many of the derangements of these structures are incidental or secondary to those of the liver, "Cramps in the calves with burning of the soles of the feet" is also a well marked symptom under this remedy. The symptoms coming under the head of sleep will at once suggest to you abnormal disintegration. They are: "Yawning and stretching, sleepy but cannot sleep. Scarcely sleeps, and on falling asleep is tormented by anxious, frightening dreams." "During sleep, moaning, weeping and wailing, starting up, crying out, tossing about and talking." In the case of children, particularly, will this last symptom be found strongly indicative of chamomilla, but in almost all cases the sleep is restless and unrefreshing. Recalling the decided action of this drug upon the brain, rendering it hypersensitive as it does, we need not be surprised that even during sleep it is not restful or quiet.

When the so-called paralytic symptoms appear

under lithæmia, if of such a character as to call for chamomilla, you will most generally find that what the *Materia Medica* says in regard to them is true, viz.: that "*The paralytic sensations are always accompanied by drawing or tearing pains, and the drawing or tearing pains rarely occur without the paralytic or numb sensation in the part.*"

"Muscular or articular rheumatism, with great nervous excitability," is a symptom or condition which we are well prepared to expect, and understand under this remedy. That it is also specially indicated, or rather is specially liable to be indicated, in persons with "arthritic or rheumatic diathesis," is not to be wondered at when we know that the functional disease of the liver, known as abnormal disintegration is almost always at the bottom of the rheumatic or gouty diathesis, and the intimate relationship which chamomilla sustains to the disease just mentioned cannot be questioned if you have paid any heed to the symptoms given.

To complete the picture of lithæmia which chamomilla presents, let me hastily mention the skin symptoms of this drug: "Skin unhealthy, every injury suppurates." "Red rash on the cheeks, skin inclined to inflammation." These, with others of the same character, when considered in connection with the many symptoms already given, stamp chamomilla as a prominent and exceedingly useful remedy in lithæmia. In abnormal elimination it is often curative, particularly when the cause of this form of derangement of the liver can be traced to the brain, that organ in turn having been deranged by—as an exciting cause at least—some powerful mental emotion, usually anger, fright or irritating mental worry, rarely from quiet grief.

ANTIPYRIN.

BY EGBERT GUERNSEY RANKIN, A. M., M. D.
NEW YORK.

ANTIPYRIN has undoubtedly gained a stronger hold upon the confidence of the profession than any other of the numerous new remedies which have been introduced in the past few years. Under careful experiment and scientific investigation, the field of its usefulness is constantly enlarging. A brief abstract of its present uses might not therefore be without interest:

Relative Value of Antipyrin and Antifebrin.—Dr. George Walter Barr, of Bridgeport, Ill., has made a most careful clinical study of antipyrin and antifebrin on himself whilst suffering from neurasthenia complicated with malaria. He thus sums up his experience:

<i>Antipyrin.</i>	<i>Antifebrin.</i>
Lowers temperature in half an hour.	In an hour or more.
Effect lasts two hours.	Effect lasts six hours.
More diaphoretic.	More diuretic.
Depressing after-effects.	No after-effects.
Cerebral sedative.	Cerebral vaso-motor and muscular (?) stimulant.
Dose 15 to 30 grains.	Dose 5 to 15 grains.
Tolerance from continued use.	Tolerance from continued use.

This table, he says, will suggest the selective use of the two drugs. From the patient's point of view (which is really coincident with the physician's) antifebrin is much to be preferred in continued fevers, because the dose is one small capsule instead of three; the effect lasting so long requires one-third the number of doses; the tonic stimulation excels the depression and after-malaise; and the cost is one-fourth that of antipyrin. The antipyretic action of antifebrin is as strong or stronger than that of antipyrin, and its only objection is its slowness of action. In insolation and other cases where a quickly-acting antipyretic is necessary, and when it has a specific action on the pathology of a disease, as is claimed in rheumatism, antipyrin is to be preferred. Whenever one can wait an hour for the antipyretic action to begin, he greatly prefers antifebrin, and so he believes will the patient also. He regards its stimulant or tonic effect as very valuable in weak patients.—*Therapeutic Gazette.*

The Action of Antipyrin in Epilepsy.—M. Georges Lemoine, in a paper on the action of antipyrin in epilepsy, sums up his conclusions as follows: Antipyrin is without action in the majority of cases of epilepsy, but nevertheless gives good results in those cases which belong to the following categories: (1) Epileptics in which the attacks are influenced by menstruation. (2) Epileptics who only have suppressed attacks. (3) Epileptics with migraine.

A daily dose of thirty grains suffices in the majority of cases, and its employment can be kept up for a long time without any danger to the patient. There is no advantage in doing this, however; because patients become habituated to its use. It should be reserved for the period when the crises occur, and is to be preferred to the bromide of potassium in the cases just indicated.—*Gazette Médicale de Paris*, Dec. 24, 1887.

Antipyrin in Acute and Painful Affections of the Eye.—Dr. George S. Ryerson reports (*Med. Record*), three cases in which he used antipyrin to relieve the pain in acute inflammations of the eye with favorable results. The three cases in which he administered it are as follows:

CASE I. J. W.—, 58 years old. Extracted cataract August 31, 1887, without iridectomy, which was followed by acute plastic iritis. Severe pain in eye and head, relieved by sedatives for a time only. There was some pyrexia and he gave three doses of 20 grains each at intervals of three hours. The relief of pain was almost magical. He had no further difficulty in relieving pain, and the inflammation seemed also to decline.

CASE II. Mrs. K.—, 50 years of age. Nov. 17, 1887. Acute glaucoma, secondary to relapsing iritis, and excision of the pupil. Severe pain not relieved by cocaine and eserine, and only partially by morphine. Forty grains of antipyrin in two doses, with an interval of three hours, completely relieved her. The drug was repeated at intervals, according to the pain, for several days, when an iri-

dectomy was performed. Patient was in very poor general health.

CASE III. Mrs. B.—, aged 44. Nov. 22, 1887. Acute iritis, one week duration; numerous adhesions between the margin of pupil and lens. She had had several attacks without any known cause. The pain, which was very intense at night, was relieved at once by 20 grains of antipyrin. The patient had been treated for 24 hours previously with atropine, without much relief.

Subcutaneous Injections of Antipyrin in Painful Diseases.—Dr. Fränkl, of Breslau, on the ground of numerous observations, has reached a conclusion similar to that of Germain Sée, that in painful diseases subcutaneous injections of antipyrin are followed by the best results. The dose recommended by Sée is a dram of a 50 per cent. solution (water and antipyrin equal parts). According to Fränkl a half syringeful of a 25 per cent. solution accomplishes the same result. The effects are perceived in from 15 to 20 seconds, and last much longer than morphine.

Fränkl concludes, therefore, that the subcutaneous injection of antipyrin will restrict the use of morphine, lighten the task of the physician, and conduct many patients to a more rapid recovery.—*International Clinic Rundschau.*

Antipyrin Relieves the Pain, but not Contractile Effect of Ergot.—At the meeting of the Société de Biologie, on the 19th of November, Dr. Choupe remarked that he had already called attention to the good effects of antipyrin in uterine colic; and that further investigation had shown that this substance prevented also the pain of the contraction produced by ergot. In a case of interstitial uterine myoma, accompanied with grave hæmorrhages, in which the administration of ergot produced terrible pains, lasting from two to three hours, antipyrin, given in 30-grain doses, by injection brought about absolute cessation of the pain in 20 minutes. When the injection of antipyrin was given soon enough to begin to act at the same time as the ergot, the pain did not occur; and the second dose of ergot, given one hour and a half later, did not cause any pain. The element of pain was suppressed, and thus without detriment to action of ergot. The contractions did not diminish in intensity or duration. The point is one of importance, and deserved the attention of obstetricians.—*La Tribune Méd.*, Nov. 27, 1887.

To Relieve the Pain of Antipyrin Injection.—In order to avoid the pain consequent sometimes upon the subsequent injection of antipyrin a comparatively diluted solution is used when possible. But in cases where in order to give immediate relief it becomes necessary to inject a large dose, such as a gramme of antipyrin diluted in a gramme of water. Professor See adds 15 to 20 milligrammes of cocaine hydrochlorate to each injection.—*Phar. Journal and Trans.*, Oct. 29, 1887.

Antipyrin in Hay Fever.—M. Adolph Block, formerly physician at the Havre Hospital, has employed antipyrin with excellent results in a case of spasmodic rhinitis (hay fever), and in one of somnolence, indicative of nervous diathesis.—*Med. Reg.*, Feb. 4, 1888.

Antipyrin in Acute Bronchitis of Children.—If the cases of bronchitis are classified according to their amenability to antipyrin two groups must be formed, the first embracing those that are most benefited by the drug, and second those that receive little aid from it. The first group embraces those who have a temperature of 104° F (40° C)

and who are well nourished. The second, those that have a moderate temperature 102° F (39° C) or less, and who are not well nourished. Both classes are aided by the antipyrrin treatment, but the former more so. Usually after the administration of a dose, the little patient breaks out in a profuse perspiration, the temperature falls, they sleep for an hour or so and awake with a feeling of well-being. The cough is usually looser and the breathing easier. The dosage recommended is for children under 5 and over 2 years, 12 or 13 grains (0.9 gms.). Its effect will continue from 12 to 15 hours and therefore two doses must be given daily. To a child 2 years old or less 7 grains (0.3 gms.) may be given, but only one dose in the 24 hours. During convalescence one-half of the above mentioned quantities are given at a time. The treatment of acute bronchitis among children by antipyrrin as recommended by Friedlander does not include the simultaneous use of expectorants.—*The Epitome and Month. Retrospect of Prac. Am. Med. and Surg.*, Nov., 1887.

RETROSPECTIVE THERAPEUTICS.

BY ALFRED K. HILLS.

Alcohol.—My results with this agent confirm that of Dr. David A. Gorton, who gave his experience in this journal under the head of "Correspondence," in the issue of November, 1887. I have used alcohol in its various forms in a great variety of diseases, and especially in the worst cases of malignant diphtheria. I am in the habit of prescribing it as I do anything else, only when indicated, and the condition of the pulse, I have found a safe guide generally. But should the face become flushed under its influence the remedy should be discontinued. I am in the habit of pushing alcohol to the extent of toleration in cases of diphtheria, and it is wonderful how much will be tolerated in some cases of this affection. Some of my readers will remember a desperate case of diphtheria in my own family in which enormous quantities of brandy were tolerated without the slightest effect upon the sensorium, and I could give the details of a number of such cases were it worth while.

In some I have found Reich's Tokayer Ausbruch not only the most agreeable on account of its delicious flavor, but most useful, particularly in the case of children and in delicate females. When an acid wine is required, Reich's Budai has done equally well. Brandy, rum, whiskey and dilute alcohol, have been used in accordance with individual idiosyncrasy, or from special indications. I know of no remedy so useful in diphtheria when applied in conformity to the principles which should guide us in its selection. The fatal cases in my practice from diphtheria have been those in which for any reason the nutrition could not be maintained, or alcohol in some form was

not tolerated or was contra indicated. Intelligence should be used in its selection, just the same as it should be with any agent which is to be employed.

Cannabis Indica in Diarrhœa.—Drs. F. F. Bond and B. E. Edwards in the *Practitioner*, for July, 1887, call attention to the value of cannabis indica in the treatment of diarrhœa; especially of the type known as summer diarrhœa or English cholera. They have been in the habit of prescribing it in nearly all forms of diarrhœa with marked benefit. In summer diarrhœa the effects are very striking. There is no necessity to record cases, they are all very much alike; the great depression, the frequent watery stools, the vomiting, and the cramp-like pains are very quickly relieved, the appetite speedily returns, and by the following or third day the cases are practically well, except for some weakness and debility. The remedy appears to act by its stimulant effect on the nervous system, improving the tone, and by improving the appetite; thus enabling the system to quickly overcome the marked depression and exhaustion. Most medicines in large doses in this disease rather retard the return of the digestive functions, but Indian hemp markedly accelerates it.

In other forms of gastro-intestinal disturbance it is also valuable. It was of marked use in a case of subacute gastro-enteritis, which had existed for a few weeks before it came under the writer's care, in a girl aged 13 years, showing the following symptoms: Marked anemia, which had gradually come on after the other symptoms; constant pain over the abdomen, especially in the epigastric region, increased on pressure and after food; tongue covered with yellowish-white fur; loss of appetite; vomiting at variable times after food of partly digested material; diarrhœa, six or eight stools in the day, which were watery and green, containing partly digested food material; some rise in temperature—a little over 100° . She first received other treatment, without benefit; then the cannabis was given, and the symptoms very quickly subsided, the vomiting and diarrhœa were checked, the pain ceased, and the appetite returned. By the end of the week all the symptoms had disappeared except the anemia, which persisted for a short time longer.

In cases of tuberculous diarrhœa not much benefit was seen, beyond a slight relief of symptoms for a short time, though experience in this type was insufficient; nor in the excessive diarrhœa in typhoid fever.

Iodol.—Iodol, or tetra-iod-pyrrol ($C_4 I_4 NH$) was first discovered by Silber and Ciannician, and first used for clinical purposes by Mazzoni.

It is slightly soluble in water in proportion of 1 : 5,000; is quite soluble in three parts of absolute alcohol; very soluble in ether, forming a brown liquid; and less soluble in chloroform (50 per cent.). Its solutions darken on standing, or at high temperatures, and a deposit of iodine occurs; hence they should be kept in bottles of blue glass and high temperatures avoided. In this manner they may be kept fresh and clear for any length of time.

Dr. Wolfenden (*Practitioner*, May, 1887,) has used iodol in a number of cases of laryngeal phthisis, with very beneficial results. He has applied it as an insufflation of the pure powder, in some cases once daily, in others three times a week.

Ulcerations in the inter-arytenoid region have cleansed and healed up completely and the characteristic arytenoid œdema has diminished under its influence. Tuberculous ulcerations of the epiglottis and pharynx have benefited by it and been arrested, and the distressing pains on deglutition which accompany this condition are much relieved by iodol.

Iodol remarkably diminishes the cough of this condition. The powder remains for a long time in contact with an ulcerated surface. Sprays of chloride of zinc (gr. xxx, ad $\frac{1}{2}$ 1) have in some cases been combined with the iodol treatment. For ozena, iodol tampons have been found effective in arresting the foul smell of nasal caries, or for the true ozonic conditions independent of carious bone.

As a spray or brush application it is very beneficial in naso-pharyngeal atrophic catarrhs. For the ordinary forms of pharyngitis accompanied or not with follicular disease it is a very serviceable insufflation, and one which, moreover, is not unpleasant to the patient. The pastilles are also grateful in these conditions. It is important that the application of iodol, as of any other medicament to the nasal, pharyngeal, or laryngeal mucous membrane, should be preceded by thorough cleansing of these parts with the alkaline lotion, so as to ensure the bringing of the powder into direct contact with the diseased tissue, and not merely to lay it on the surface of the mucus. It produces an excellent effect in extensive ulcerations of the inside of the cheek, dusted over the exposed surface twice daily. In cases where there is great pain, the addition of 1-8 to 1-4 grain morphine to the iodol insufflated will be found very advantageous.

Iodol is odorless or nearly so, tasteless, produces no constitutional effects, contains nearly as much iodine as iodoform, and parts with it more readily;

it is antiseptic, anesthetic, a promotor of granulation and healing; arrests suppuration, and deodorises, foul secretions. Possessing thus all the virtues of iodoform, it is surely preferable on account of its pleasant and slight odor and absence of taste. It does not disturb the stomach as iodoform does.

Antipyrine.—Professor Germain Sée, physician to the Hotel Dieu, Paris, says that antipyrine, which is, in accordance with experimentation, the most powerful moderator of the cerebro-spinal system and of the heart, proves itself to be specific in those *headaches of early life and adolescence* which are due to over-taxing the brain at school, or are incident to the growing period, or, in the case of younger children, to general corporeal or cardiac debility. In all his cases of this kind antipyrine administered in doses of fifteen grains three times a day, has succeeded in calming the headaches at the end of two or three days, and causing them to disappear altogether at the end of six or eight weeks, the treatment being persevered with during this time.

In *migraine*, or hemicrania, which Professor Sée regards as an independent neurosis, very often hereditary, and connected with a peculiar state of excitability of the cord, and especially of the vasomotor centres, this medicament is equally effectual. Forty-two patients, ranging in age from eighteen to forty-five years, all took antipyrine from the outset of their attacks; fifteen grains on waking in the morning, and fifteen grains an hour after. In all, without exception, after the second dose, or a little later, the paroxysm, which was wont to last all day, and even through the night, was arrested, and the patients were able to resume their studies, or their usual occupations. In every instance the remedy was given in half a tumblerful of cold water just before or during the morning meal; the pain usually disappeared in twenty or thirty minutes, the second dose acting the part of preventive.

In the interval of the attacks, no medicine was generally given, and yet, in most cases, the paroxysms became wider and wider apart; but such patients as were subject to more frequent attacks were enjoined to continue the antipyrine in one daily dose of fifteen grains. In thirty-eight patients out of the forty-two, the success was immediate and complete, without any disturbance of the digestion, circulation, or functions of the brain.

Professor Sée has notes of seven cases of *tic douloureux*, all of a very grave kind, two of which were completely cured. One resisted antipyrine absolutely, while four have experienced marked

amelioration, and appear to be in the way to recovery. These patients had been suffering from twelve to eighteen years, during which period they had never been able, without pain, to open their mouths, to speak, to chew their food, to swallow hot or cold liquids, to expose themselves to a current of air, or to enjoy the least respite, even under the influence of morphia or salicylate of soda. These four patients are enabled now, after two months of treatment, to enjoy that freedom from pain which they had not before known for years, and to live like the other members of the family. The treatment has consisted in the daily use of five grammes (75 grains) of antipyrine (fifteen grains every four hours, till the entire quantity was taken). This was combined with subcutaneous injections of antipyrine—50 centigrammes ($7\frac{1}{2}$ grains) of antipyrine in 1.50 gramme ($22\frac{1}{2}$ grains) of water, to which, in order to enhance the effect, 1 centigramme (1-6 grain) of cocaine was sometimes added. These injections act with surprising rapidity and energy. The results in this most grave and most intractable of painful disorders have been unprecedentedly gratifying and surprising.

Fluoride of Ammonium.—A summary of his therapeutic and clinical experiments with this remedy, in the treatment of hypertrophy of the spleen, is given by Surgeon-Major John Lucas, of Her Majesty's Indian service, in the *Practitioner* for June, 1887. He preferred the salts to the acid because they are less unstable. The ammonium fluoride ($\text{NH}_4 \text{ F}$) is prepared by saturating a solution of hydrofluoric acid (HF) with ammonia (NH_3), and allowing the mixture to evaporate over quick-lime. The fluoride of ammonium crystallises in hexagonal prisms, dissolving readily in water, and the solution is colorless, but it acts on glass, going through it and escaping. To prevent this escape the expedient of coating the inside of the bottle with wax, has to be resorted to; or the solution may be kept in india-rubber tubes or gutta-percha bottles. The strength of the solution employed by Dr. Lucas was four grains to the ounce. Of this *liquor ammonii fluoridi* he began with five minim doses, diluted in an ounce of water and administered thrice a day after meals, and the dose after a day or two may be increased to eight minims, then to ten, twelve, fifteen, eighteen, twenty, and so on at intervals of a few days, the increase being effected gradually and cautiously; the great point to attend to is to ensure the taking of this medicine after food, as otherwise gastric and intestinal irritation will be set up, while with this precaution it will be found to be fairly well tolerated in the majority of cases. Six

cases illustrating the efficacy of the drug are detailed by Dr. Lucas. In three of them the spleen was enormously enlarged. Five were completely cured; the remaining one, much improved, was still under treatment when his notes ceased. In two—the most intractable—of these cases, the fluoride of iron (prepared by saturating a solution of hydrofluoric acid with the hydrated peroxide of iron, and then evaporating) was substituted, toward the last, for the ammonium solution.

The writer says of this method of treatment that it certainly seems to excel any other with which we are acquainted, and he solicits trial and report of it by physicians not only in the treatment of splenic hypertrophy but also in that of goitre.

Eucalyptus in Typhoid.—In a paper in the *Practitioner* for May, 1885 (editorially noticed in our issue of the following month), Mr. Leighton Kesteven, of Brisbane, Queensland, pointed out the great benefits to be derived from the administration of oil of eucalyptus in the treatment of typhoid fever, and the very successful results he had obtained therefrom in a large number of cases. Doubts having been expressed as to the diagnosis, *i. e.*, whether it was true typhoid he had been treating, the writer, in another communication to the *Practitioner* (April, 1887) gives the grounds for his belief in the correctness of that diagnosis in the great majority of the cases. In view of the symptoms they presented, it would be necessary, he thinks, to doubt the accuracy of received teachings to reject typhoid fever as the complaint suffered from. Practical experience leads him to believe that the fæces are rendered antiseptic by the administration of eucalyptus, as he has never seen the attendants on cases treated in this way catch the disease.

In the general range of Mr. Kesteven's cases the duration of the illness till the complete establishment of normal temperature has varied from a maximum of twenty days in one case to the minimum of eight days, the average duration has been about fourteen days.

The mortality since he wrote his former paper on the subject more than two years ago has been absolutely *nil*. He has not lost a single case of fever of any kind, and he has had a large number constantly under treatment, all having been typhoid with the exception of a few cases put down as "low fever" for accuracy. (In the vital statistics of the Colony of Queensland, typhoid fever stands third in the list in order of fatality.)

On this he would recommend a very thorough trial of eucalyptus in all zymotic diseases. In typhoid he believes it to be a specific remedy.

CLINIQUE.

Menstrual Disorders.—Erigeron, trillium, and ustilago have proven their value in menorrhagia, while we could scarcely do without cimicifuga in amenorrhœa, where it stands at the head of all remedies, not excepting pulsatilla. I will now briefly consider a few of the remedies to which I have referred.

Cimicifuga.—As I have already indicated, this is, all things considered, our most valuable remedy in amenorrhœa, and but little less can be said of its efficiency in neuralgic and sometimes in congestive dysmenorrhœa. I am surprised, on turning to Dr. Winterburn's valuable article on these disorders in Arndt's "System of Medicine," to find that he barely mentions cimicifuga, and in Dr. Farrington's "Clinical Materia Medica," while mention is made of its value for certain symptoms during pregnancy and labor, not a word is said of its use in the conditions now under consideration, wherein I consider lies its chief sphere of usefulness.

The symptoms of cimicifuga are numerous and distinctive. It covers a different class of cases entirely from pulsatilla. My experience is that the latter remedy must be very thoroughly indicated, even to the characteristic temperament, before much can be expected from it, whereas this is not so much the case with cimicifuga. If its symptoms are well marked its action is correspondingly marked and its curative powers effective and complete, but even when this is not the case, where its symptoms are not well marked, it may do good service. Aside from the individual symptoms of the drug, it is especially useful in amenorrhœa or dysmenorrhœa occurring in nervous, hysterical subjects. It is most useful in neuralgic dysmenorrhœa, especially that form classified by Thomas as "ovarian dysmenorrhœa." Cimicifuga has a remarkable affinity for the ovaries, and when it is thoroughly indicated there is always more or less ovarian irritation.

It is my sheet anchor in all cases of suppressed menstruation where no other remedy seems to be indicated, or where other apparently indicated remedies have failed.

Viburnum opulus.—This drug is a still more recent addition to our materia medica. Its chief use is in the treatment of congestive and neuralgic dysmenorrhœa, and it has proved helpful also in the membranous form. In many respects it resembles cimicifuga. Like the latter it is especially indicated in nervous, hysterical subjects. Its abdominal pains are more excruciating, of a crampy, colicky nature, and less bearing down and heaviness, and there is more often associated with the pains a constant and distressing nausea. Viburnum is remarkable as a palliative in dysmenorrhœa. I have never known it to fail in giving relief regardless of the symptoms, but it is only curative when well indicated. Another peculiarity is that it "wears out" after awhile, especially when not well indicated. It will usually relieve promptly for three months, and after that time its action seems to be exhausted and no more good can be obtained from it. This fact was first observed by Dr. Hale, but my attention was called to it before I noticed his observation, and I have verified it scores of times since in my own practice.—Dr. A. C. Cowperthwaite, in *Am. Hom.*

The Influence of Maternal Impressions on the Fetus.

—Dr. Fordyce Barker, whose eminent skill as an obstetrician and special attainments in gynecology have entitled

him to general deference and attention, has written for the Gynecological Society an interesting description of the effect of maternal impressions on the fetus in utero, which is outlined and commented upon as follows by the *Medical Register*: Dr. Barker takes the affirmative side of a question which has long been the animus of learned and elaborate discussion. He starts out by indicating the popular belief in the influence of maternal impressions during pregnancy, showing how this belief can be traced back to the Book of Genesis, and giving a number of interesting citations from the literature of the subject. With perfect fairness he then brings to bear on the question the names of many able opponents to his side, and gives an abstract of the strongest arguments advanced to disprove the theory. These antagonists, he says, meet the apparent evidence of remarkable cases by the statement that the mothers of children bearing marks and deformities are deceived by coincidences; that such mothers invariably seek to explain the presence of such blemishes by laying hold of the popular theory and ferreting out of their experience during pregnancy some cause for the existing monstrosity. In the majority of cases, it is claimed, they succeed through the vividness of the feminine imagination, which is capable of distorting or transforming any incident to suit its peculiar purpose. Those who discredit the influence of maternal impressions on the fetus point triumphantly to the statement of Virchow, that "there is no nervous tissue in the umbilical cord, and therefore the only communication between the mother and fetus is through the medium of the blood." It is urged, therefore, that as mental emotions are not communicable through the blood, but through the nerves (which are absent in the umbilical cord), the actual transmission of any mental impression from the mother to the fetus is impossible, and that the apparent evidence of such transmission is merely the operation of chance. It is admitted that violent mental agitation, as well as blows or falls, may produce fetal deformities due to some defect in the supply of blood or to some alteration in its quality; but it is strenuously denied that special accidents or impressions have the power to reproduce themselves as such upon the fetus—in a word, it is claimed that the mind has no power to deprive the fetus of special organs, or distort it into the semblance of some particular monstrosity.

In answer to these views Dr. Barker says, incidentally, that he is not surprised to find a large majority of obstetricians utter disbelievers in his side of the question. He ascribes this scepticism to the fact that, while every practitioner with any experience in cases of confinement knows how common there are, on the mother's part, morbid anticipations of deformity or blemish in the child, these are so rarely verified that the possibility of their ever being so is hardly credited. "Not one practising obstetrician in a hundred meets with a convincing case," observes Dr. Barker, and yet he has found sufficient authentic evidence, though not clearly explained by physiological reasoning, to warrant him in deducing the theory that maternal impressions do influence the fetus in utero—that is, admitting impressions not merely psychical, but physical also. Further than this, Dr. Barker claims some credence for the suggestion that these "impressions" may effect the ovules before fecundation, or the ovary itself in its function of forming and developing ovules. This latter theory is supported by a well-authenticated case:

A young lady on the verge of mental aberration was taken to the theater to see Sothorn in "Our American

Cousin." She was so impressed by his acting that, as her mental disease developed, she became a monomaniac on the subject of *Dundreary*. Travel and medical care restored her mind to its former healthy condition. Three years afterward, having married, she gave birth to a boy, finely developed, but, to the astonishment of everybody, growing gradually into a mimic *Dundreary*. As he began to walk and talk, he originated a peculiar stammer and a little halting skip, coupled with a peculiar drawing down of his left brow, which was so like Sothorn's manner in *Dundreary* that the father, who knew nothing of the strange episode in his wife's life before marriage, nicknamed the child "Dunny." The boy was born in 1863. At this day he still retains, though in a modified form, the physical characteristics alluded to.

Dr. Barker goes on to speak of a case where a lady, twice married, bore to her second husband a child so like her first husband as to attract general attention, the likeness being the more marked because the lady and her second husband were typical brunettes, and the first husband was a decided blonde, the child in question having almost white hair, eyebrows and eyelashes. Darwin is quoted as an authority for like incidents among animals. Indeed, this fact is so generally admitted by breeders of stock, says Darwin, that they will not suffer a fine female to be put to an inferior male, "on account of the injury to her subsequent progeny which may be expected to follow." In pursuing his subject, Dr. Barker enumerates several other notable cases, and brings in the testimony of other obstetricians. It is suggested that the opponents of the theory do not calculate upon the extreme sensitiveness of the uterus itself. The intimate connection between that organ and the brain, its wonderful nervous susceptibility, are left out of the account. Dr. Barker has not laid hold of all the arguments on his side of the question, but, nevertheless, he has made a strong protest against the faulty principle which denies a fact because the reason for its existence cannot be found. Viewing the whole subject in the interest of medical science, would it not be better for our obstetricians to accumulate cases and test the evidence, thereby getting near to the mysterious cause, if such there be, rather than to attempt to dissipate the theory by physiological reasoning?

The Treatment of Chronic Ulcers.—Dr. William Stuart Low, writing in the *Brit. Med. Jour.*, February 20, maintains that there is no danger in the perfect cure of long-standing and much discharging ulcerated surfaces, and cites in evidence the case of a male, aged 48, who had suffered for twelve years from a very extensive ulceration of the right leg. During this time a great variety of treatment had been tried—rest, bandaging, baths, and numerous internal medicines. The case was one of extensive serpiginous ulcer, almost one mass of broken surface on each side of the knee, back of the calf, and popliteal surface, and even extending to the posterior surface of the thigh, at some points granulating, and at others sloughing, bleeding on the slightest injury. The surfaces were deep, and the edges raised and hard, with much surrounding induration. The discharge was very offensive, and this especially so from the grumous pus expressed from numerous sinuous channels ramifying about the limb.

The writer being determined to make one last endeavor, commenced by washing the whole surface thoroughly with a solution of bichloride of mercury, of the strength of one

drachm to eight ounces of water; this was practised daily, syringing most carefully every part of the wound, and with speedy benefit. The discharge rapidly lessened, the fetor diminished and the sloughing ceased. New granulations sprang up all over, although not without considerable loss of blood from recurrent attacks of hemorrhage as the dead tissues separated and the feeble granulations gave way. The dressing consisted simply of lint wrung out of the bichloride lotion of similar strength, and applied directly to the wounds.

In addition to this, iodoform proved of very marked utility as a local anesthetic. Used freely in the form of a fine powder, dusted upon the affected surface, it relieved the pain, contributed greatly to the comfort of the patient, and facilitated the daily dressing. It proved valuable also in quickly inducing healthy action in the indolent portion of the ulcer, and, as an antiseptic and deodorizer, maintained a perfect sweetness of the discharges.

It was observed, in the local employment of powdered iodoform, however, that its use must not be persisted in too long, or the healthy action obtained is soon undone, the granulations breaking down under its continued action, and much bloody discharge staining the dressings; indeed, a blood-stained dressing, where iodoform had been applied, became the indication to cease its employment there. While preparing the wound for cicatrization, by stimulating the surface, it rather retarded the growth of the cuticle, and simple dressing with bichloride lotion proved more efficacious. Lastly, its application to an inflamed surface should be studiously avoided, as it tends greatly to aggravate it.

The beneficial effect of these remedies is more remarkable, since the patient could be induced to give his leg but little rest. It was here that the third important point on the treatment proved invaluable; the use of resilient pressure, in the form of a Martin's elastic bandage; this was applied daily over the other dressings, from toes to thighs.

In six weeks after commencing these measures, the cure was complete; and Dr. Low trusts that such encouraging results will animate many to undertake the successful therapeutics of chronic ulceration.

Bright's Disease Without Albuminuria.—In *La Semaine Médicale*, October 24, 1886, Dieulafoy, speaking of Bright's disease, maintains that it may exist for weeks and months, even longer than a year, without albuminuria as an accompaniment. In support of this statement he presents four cases that he observed at his clinic, together with the post-mortem record. They appear to show the correctness of his opinion.

No explanation of this peculiar fact is adduced. The writer aims to show us how Bright's disease may be diagnosed, albuminuria being absent. He enumerates the symptoms that should make us circumspect in dealing with a case. In the first order he calls attention to disturbances of the hearing; complaint is often made of rushing noises and tinnitus.

A second important phenomenon is frequent micturition, with passage of but a small amount of urine.

Another frequent sign is what the author calls "*doigt mort*," consisting in a peculiar coldness of one or more fingers, together with anæsthesia, numbness and an anæmic or bluish coloration. The patients also speak of a feeling of chilliness along the inner surface of the thighs and about the knees. At night painful muscular cramp occurs. If in addition to these indications we find headaches, attacks of oppression and visual disturbance, we

may almost positively diagnose Bright's disease without albuminuria. The criterion of the diagnosis then is not in the analysis of the urine, but in the insufficiency of the urinary excretion. An individual having Bright's disease, whose cleansing or depuration by the urine is insufficient, poisons himself, and his urine is less toxic than normal urine. In a suspected case, therefore, the urine may be tested by intravenous injection of a rabbit as to its toxicity. If it is of subnormal poisonous quality another point in diagnosis is gained.

The Diagnosis of Ascites.—Dr. Tripiér, of Lyons, publishes an article on the means of diagnosing ascites by the vagina. He was led to try this method accidentally. He was attending a young woman for tuberculous pleurisy, and had occasion to examine the uterus. The situation of the os was normal, but when the finger touched it, it seemed to fly from it by reason of an abnormal mobility. It could be turned in every direction with the greatest facility. A certain amount of liquid was supposed to be present in the cavity of the pelvis and thus to cause the phenomenon. The patient died and the autopsy confirmed this suspicion. Several times subsequently he had recourse to this method and found it of great utility. He was able to diagnose the presence of liquid at the very commencement of peritonitis or of cirrhosis and in heart disease at an early date.

The Mental "Blind Spot."—The analogy between the organ of vision and that of thought is so obvious and familiar that it does not require illustration. Now, just at the entrance of the optic nerve is a small circular area, known as the blind spot. Certain essential anatomical elements are wanting in this little space, and though the visual image is painted on it, the picture is a blank to the perception. Is there not a blind spot in the organ of intellect as well as in that of vision—an idiotic area, where ideas are represented, but not transmitted to the intelligent centre? "Think a moment," we say to a friend who is entertaining some (to us) self-evident absurdity. Paraphrased, this would be: You have got a bit of nonsense on your mental blind spot, your idiotic area. Shift it if you can, into a place where the mental elements are not deficient, as in that empty region.

I must appeal to the experience of others if they are not conscious of such a blind spot in their intelligence. If they recognize it as a fact that they have such a spot, they can account for many absurdities and contradictions in their own field of thought and that of others. For this idiotic area is the vacant lot where inconsistent, incoherent, unrelated ideas come together and disport themselves or lie loose, scattered over it. Many simple puzzles and idle fancies find their way there and claim a right of domicile until awakened reflection drives them away. Let me give an instance or two. "Excuse me," said the barber to the lantern-jawed man, "if I put my finger in your mouth to press your cheek out." "No, no," said the man he was shaving. "I am afraid you'll bite me." Dean Swift mentions in one of his letters to Stella an odd whim of his own: "I had my mouth full of water, and was going to spit it out, because I reasoned with myself, 'how could I write when my mouth was full?'" In the persons we call "absent-minded" the idiotic area extends over a wider space than it covers in most individuals.

This theory—for I dare not announce it as a positive dis-

covery—is a very convenient application to cover one's own mental slips, and to account for those of one's neighbor. No person of good temper and philosophical habit of mind could take offence at the question, politely asked, "Does not that view or that argument come from your idiotic area?" When John Stuart Mill suggested the possibility of a universe where two and two would make five, I should have wished to hint in a modest and civil way that this supposition had the idiotic area as its natural habitat.—*Oliver Wendell Holmes in Atlantic for January.*

Hydrogen Peroxide in Whooping-Cough.—Dr. B. W. Richardson (asclepiad) uses the following formula:

Hydrogen peroxide (10 vols.)	3 vi
Glycerine	3 iv
Water, to	3 iii

Dose.—Half a fluid ounce, in a wineglassful of water, five or six times a day.

The author thinks that the peroxide acts like nitric acid, but with more effect, subduing the paroxysms, checking the secretion in the throat and shortening the course of the disease.

Prophylaxis of Scarlatina. (Dr. W. Allan Jamieson, *Brit. Med. Jour.*)—Dr. Jamieson has endeavored to prove that, without separation, it was possible to prevent scarlet fever spreading from one member of a family to others of the same who had not had it, even though in close contact with him, or occupying continuously the same apartment with him. The two sources of infection are probably the exhalations from the mouth and throat in the early stage, certainly the particles of dry cuticle cast off in the latter. The method recommended was to disinfect the throat, painting it frequently with a strong solution of boracic acid in glycerine (a saturated solution of boroglyceride in glycerine). In dealing with the skin more exact methods were available. These consisted in the employment of warm baths every night from the very first, and in the application to the entire surface of the body, including the head, of an ointment composed of carbolic acid gr. xxx, thymol gr. x, vaseline 3 j, unguent simp. 3 j, night and morning. In this way he believed that the scales of epidermis would never become contagious, and actual experience completely bore this opinion out.

His theory in brief is as follows: "That the contagium of scarlet fever present in the scales when inhaled or swallowed produced such changes in the blood and tissues as to lead to the symptoms characteristic of the disease; that this contagium, which was in all likelihood an organism, in due course of time reached the skin and there ripened, so that where the dry flakes of keratine were cast off, these contained the organism in a state ready for immediate multiplication when placed under suitable conditions. Arguing from the domain of cutaneous parasitic diseases it seemed to me permissible to anticipate that, were the soil kept continuously in a state unfavorable for the ripening of the organism, it would either perish or at least be thrown off immature. It also appeared evident to me that for the full development of the particulate contagium of scarlet fever air was necessary, since it seemed that the late desquamation contained it in largest amount."

This method of prophylaxis has been tried now for three years with entire success, and the author is quite confident of its complete efficacy.

The New York Medical Times.

A MONTHLY JOURNAL

OF

MEDICINE, SURGERY, AND COLLATERAL SCIENCES.

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Business Communications should be addressed, "Publishers, 526 Fifth Ave.," and Checks, etc., made payable to THE NEW YORK MEDICAL TIMES.

Published on the First of each month.

OFFICE, 526 FIFTH AVENUE, NEW YORK.

Benj. Lillard, Advertising Manager, 72 William Street, New York. Communications in regard to this department should be addressed as above.

The rallying motto of a Sectarian name is incapable of exciting to sober, calm, scientific investigation; it only rouses the explosive spirit of accusations of heresy to a fierce, volcanic flame.—HAHNEMANN.

NEW YORK, MARCH, 1888.

THE PAUPER INSANE.

A BILL has been recently introduced into the Legislature of New York by General Curtiss, drafted by Professor Theodore Dwight, of the State Charities Aid Association, providing for the gradual transfer of the insane, both acute and chronic, from the county poorhouses and city alms-houses, into the care of the State. New buildings are to be erected by the State on the grounds of the existing State Hospitals at a cost of not more than \$250 *per capita*, and the pauper insane from all the poorhouses and almshouses of the district to which the State Hospital belongs removed to them at a weekly rate *per capita* of \$1.50 charged to the counties. This payment includes clothing and travelling expenses. New York, Kings and Monroe Counties are excepted from the provisions of this act, because special legislation is needed to suit their special condition. The State Charities Aid Association has issued a circular setting forth the advantages of the proposed legislation, and say, in conclusion: "To provide food and clothing alone is the first, but also the lowest step in the care of the insane.

They should have the best medical treatment, the highest grade of attendants, and untiring efforts through the incentive of occupation, instruction and amusement, to kindle the smouldering spark of reason into life, or to surround those incurably ill with every alleviation their unhappy condition makes possible. Our State Hospitals, whatever further advance they may yet have to make, represent to-day the very best standard of care for the insane thus far reached in this country. Their doors are open to all, to rich and poor alike, to the curable and incurable. Let us, therefore, unite in asking our legislators to place the 2,000 insane persons our bill provides for in these State Hospitals, and within one year from to-day."

We strongly endorse the plan of removing the pauper insane from the care of the counties to that of the State, but we do not believe the State can feed, clothe, and give them the necessary medical and other attendance for \$1.50 per week. Very much depends, if good results are to be expected, on the kind and quality of food which should in all cases be nourishing and sufficient in quantity to meet the demands of a physical system more or less diseased. But very little could be expected from profits arising from labor, for notwithstanding all our State institutions are utilizing as much as possible labor as a remedial agent, it has never yet been found of any special profit to the institution. It is irresponsible labor, and requires constant watchfulness and care on the part of the officers. Before the bill is placed upon its final passage we respectfully suggest that the committee having it in charge confer with the superintendents of our State asylums in reference to the provision for maintenance to which we have referred.

BOILS AND CARBUNCLES.—Many and various have been the remedies suggested for carbuncles, and the treatment has often been exceedingly tedious and even more painful than the disease itself. M. Verneuil, in a recent communication to the French Academy of Medicine, has suggested a very simple treatment, but he says superior to all others in bringing quick relief and speedy cure. Cutting, in his experience,

should only be used in exceptional cases, but carbolated and borated preparations, either in solution or in the form of powder, freely used. These applications, says M. Verneuil, with but few exceptions, abort boils and carbuncles. They arrest the progress of the disease in the gravest cases, ordinarily cause the pains to quickly cease, reduce the fever, disinfect the purulent and granogenous centers, hasten resolution, and promote the formation of healthy granulation. The treatment is so simple and easily carried out that there will be no trouble or danger in testing its efficacy.

EXTRAORDINARY CÆSAREAN OPERATION.

AT THE third annual meeting of the Italian Surgical Society Dr. Granati reported a very strange case of laparotomy and Cæsarean operation, which, if it were not for the well-known truthfulness of the doctor, and the fact of its being vouched for by equally well-known physicians, would seem incredible. A country woman, twenty-three years old, and unmarried, became pregnant. Being almost at full term, and wishing to conceal her condition, she attempted to procure a miscarriage upon herself by passing a long knitting needle into the vagina so as to puncture the amniotic sac. She had punctured four or five times the anterior lip of the neck of the womb, but with negative results. Wishing to avoid a medical examination, which was threatened by her employers, she took a large kitchen knife, and with it opened her abdomen on the right side, making an oblique wound from within outwards and from below upwards of about twelve centm. in length. She also incised the uterus in the same manner and attempted to draw out the fœtus. But this being too large to pass through the wound, she severed an arm and the head from the trunk, so as to reduce it in volume, and by so doing she was enabled to extract the whole fœtus. Having emptied the uterus also by taking out the placenta, she put a large bandage around her belly, strongly tightened, got up from bed, and hid the fœtus in the mattress. Then she dressed herself, did some housework, and went to the nearest town on a

wagon. She visited one of her sisters, to let her know that she could not be pregnant, for her underclothes were still wet with menstrual blood. After having stopped here about two hours, she returned to her home in the country, walking about a mile, but when she reached the house she was taken with a severe vomiting and fainted. Drs. Serpieri and Baliva were sent for by her parents. They found a wound as described above, and a mass of small intestines protruding. They replaced these, and dressed the wound as the case required. Not the least sign of a peritonitis has ensued, excepting a slight tenderness around the wound. There has been no vomiting; no hiccup; very little thirst; the tongue has been rosy and moist, and the alvine discharges normal. The highest temperature has been 101° F.; the pulse never above a hundred. The patient has always slept well and eaten well. No complications have arisen in the uterus and its appendages. The lochial discharges have been normal. At present, twenty-one days after the wound was inflicted, the abdominal wound still suppurates and is not yet closed. She constantly denied any accomplices, and insisted that the punctures in the uterus and the laparotomy have been done exclusively by herself.

SIR JAMES PAGET ON SCIENCE TEACHING.

SIR JAMES PAGET, in distributing the prizes and certificates to the successful candidates at the London centre for the Oxford local examinations in the Theatre of the University of London, said, in congratulating the successful competitors, that it was well for us all and for the world that life was a continual competitive examination, for on no other condition was it likely that men's work and knowledge would be equal to the range of their powers. Speaking of the respective merits of classics and science, he said, as a man of science himself, he was not prepared to admit that the study of classics or of literature was a more efficient instrument for the training of the mind's powers than the study of natural science. He regretted the small number of candidates who submitted themselves for examination in science, and thought the schools were making

a great mistake in not offering greater encouragement to scientific studies. The importance of these studies was being more and more recognized in the universities, and especially in the University of London. He said the schools should take warning in time. Science must have its due position assigned to it in our schools, and masters must be appointed equal in power and position to any of the other masters. The number of persons of scientific attainments who were in request was constantly increasing.

RECENT decisive testimony upon one phase of the alcohol question (says the *Medical Record*) has been given by General Greely, of Arctic expedition fame, and his recent utterances in the *Forum* are most timely.

In Greely's expedition the amount of spirits taken was calculated on the basis of four ounces per man weekly. In the long period of exposure to which the party was subjected, it was indisputably shown that spirits given on the march impaired resistance to cold. Given in small quantities after the day's work was over, they distinctly stimulated the mental faculties, without any unpleasant effects. This small quantity was generally about two ounces. More than this seemed merely a waste. In the later history of the expedition, it was recorded that one-fourth of an ounce of pure alcohol, diluted with three times its weight of water, had an equally pronounced effect. It seemed to supply food and to have a decided alimentary value. These results are what have been claimed for alcohol ever since its physiological effects have been critically studied. Their integrity has often been assailed by well-meaning but misguided enthusiasts, to whom anything concerning alcohol savors only of the powers of darkness. Upon them all argument is wasted.

A CAUSE OF LEFT-HANDEDNESS.

DR. FELTZ, of Saint-Denis, reports in *La France Médicale* the following observation, which seemed to him sufficiently trustworthy to put in evidence as one of the most frequent causes of left-handedness:

In a family composed of five persons, the father and mother are not left-handed, nor is the eldest

of the children, who was raised by a nurse. The second child has been left-handed from its earliest years, and remains so; it is now five years old. The third child has been left-handed since it was a year old, when it was offered something and at once grasped it with the left hand. The mother herself had nursed the last two children, and was in the habit of carrying the child upon her left arm. This she has done with both children who were left-handed. She was admonished to carry the child upon the right arm, and some months afterwards the child was found to have lost the habit of using its left hand, and became as right-handed as the eldest child.

Feltz explains this case by the fact that when a child is carried upon the left arm, it is also the left arm of the child that is in front of it, and is free to move and grasp objects; on the contrary, when the child is carried upon the right arm of the nurse, the right arm of the child is free to move. He adds, that in the families of the father and mother, and in the families of the grandparents, there are no left-handed people, and that in the second child, who continues left-handed, there are no blemishes, but it is perfectly well in all respects.

GOFIO: THE FOOD OF THE CANARY ISLANDER.

A WRITER in the *Popular Science Monthly* refers to the excellent bodily development and proportions of the modern Canarians, and to the testimony left by the old chronicles to the still finer characteristics of the ancient Guanches, who are indeed described as marvels of bodily strength, beauty, and agility. As there can be no such bodily growth, strength, and activity, as is described as belonging to these people, without superior nourishment, it follows that the food used by the Guanches, and adopted and still almost exclusively used by the present inhabitants, must be highly nutritious.

This article, so evidently important, is the gofio. It is simply flour made from any of the cereals by parching or roasting before grinding. At present gofio is prepared by roasting the grain in a broad, shallow earthen dish, over a charcoal fire. It is kept constantly stirred, to prevent

burning. One can hardly pass through a village or hamlet without witnessing some stage of the preparation of goffo. The grain is first carefully picked over and all impurities removed. The processes frequently take place in front of or just within the always open door, giving the traveler ample opportunity to see all steps of the preparation. The grinding is done at the windmills, which abound everywhere. The roasted grain is ground to a very fine flour, when it becomes goffo. After grinding, it is ready for immediate use. When it is to be eaten, milk, soup, or any suitable fluid, may be mixed with it—anything, in fact, to give it sufficient consistency to be conveyed into the mouth. Being already cooked, it requires no further preparation before eating.

GENERALIZATION VS. INDIVIDUALIZATION.

THE METHODS of many physicians have become so generalized, so inexact, so empirical, or else so stereotyped, and the layman has learned so well how to select the simpler therapeutic means—as they are called—that the public has become to feel that there is no need of the physician in any ordinary case.

The carthartic, the counter irritant and the host of other injudicious agents, do not require an expert in their selection, and the public has found it out, but it has not yet learned the extent to which these means may be equal to harm.

The profession ought to teach the public that generalization in medical practice is not only injudicious, but may be absolutely dangerous to life, and that it perpetuates and promotes ignorance on the part of any who practise it, and thus endangers the public health!

If the public could only be made to appreciate the responsibility which rests upon a prescriber for the sick, the layman might not offer his prescription so *nonchalantly* as he does at present!

When the physician enters the sick room and has nothing to offer but the stereotyped means on *general principles*, the layman naturally and justly inclines to the opinion that he knew what to do as well as his medical adviser. To us the proper relief of a cold in the head, an indigestion, or a constipated bowel—so-called slight ailments

—are matters of no small concern, for they may insidiously underlie conditions which may prove most serious, and their proper treatment be the means of saving one from chronicity, or mayhap from death itself.

The public will only be convinced that physicians are necessary when they are shown that *individualization* is the principle upon which all scientific practice rests, and that there are those who know how to practice this art.

THE OLD and New School State Societies have both held their annual meeting at Albany, and President Loomis and President Paine has each delivered the annual address to a very small audience. No more inconvenient place or time could be chosen for the meeting of these societies. The time is in midwinter, when all physicians find it exceedingly difficult to leave their work, which at that time is unusually pushing, and Albany one of the coldest and most uncomfortable places in which to get about in the State. In times past when the two schools were like armed camps, each watching the other, their presence might have been necessary to influence legislative action, but that time is past, and any attempt at class legislation in medical matters will meet with but poor success. The place to influence legislators is by personal interviews at home where the facts can be clearly presented. A change in the rules of the societies permitting but one meeting to be held and that at some other time and place would result in greater usefulness to the societies and a larger interest among the members.

THE Loomis Laboratory was thrown open to the inspection of the public on the evening of February 27th, and the rooms were thronged with visitors, the members of the faculty of the Medical University, of which the building forms a part, acting as guides in pointing out the uses of the various rooms and scientific apparatus. The building is 35 x 90 feet and five stories high. The first floor is devoted to physics and materia medica, the second to chemistry, the third to physiology and histology and the fifth to bacteriology. The building will contain every appliance

not only for the instruction of undergraduates, but also for those advanced scientists who will have such facilities for prosecuting their researches as cannot be excelled by any of the famous scientific resorts in Europe. The name of the donor of the laboratory is not known to the public, but it is understood he intends endowing it with a sufficient sum to meet all running expenses in the future.

BIBLIOGRAPHICAL.

A PRACTICAL MANUAL OF GYNÆCOLOGY. By G. R. Southwick, M. D., Assistant Professor of Obstetrics in the Boston University School of Medicine; L. M. Rotunda Hospitals, Dublin. Boston: Otis Clapp & Son, 1888, pp. 408, octavo, with appended blank pages for memoranda in verification, etc.

The volume under review is the outgrowth of the author's experience as a teacher, and it is designed for students rather than for the experienced specialist, and as such has a field open to it. The general practitioner will also find it a valuable hand-book for his use. It will undoubtedly become the text-book of the medical schools to which it is adapted.

SIMILIA SIMILIBUS CURANTUR? Addressed to the medical profession. By Charles S. Mack, M. D. Boston: Otis Clapp & Son, 1888; pp. 31, 12 mo. Price forty cents.

THE HOMŒOPATHIC THERAPEUTICS OF RHEUMATISM AND KINDRED DISEASES. By D. C. Perkins, M. D. Philadelphia: F. E. Boericke, 1888; pp. 180, octavo.

This book is arranged in imitation of "Bell on Diarrhœa," a plan which has received the approbation of the profession generally, to whom it comes. The compilation seems to have been carefully done, and the "Repertory" appears to include the whole text. The symptomatologist will find the work of service in the selection of drugs, of which, of course, it treats exclusively.

A CYCLOPÆDIA OF DRUG PATHOGENESY. Issued under the auspices of the British Homœopathic Society and the American Institute of Homœopathy. Edited by Richard Hughes, M. D.; J. P. Dake, M. D., and others. Part VII. Conium-Ferrum. London: E. Gould & Son. New York: Boericke & Tafel.

This work seems to come out regularly, and from all appearances will continue until the whole subject has been gone over, as intended.

RECTAL AND ANAL SURGERY, With a Description of the Secret Methods of the Itinerants. By Edmund Andrews, M. D., LL.D., and E. Wyleys Andrews, A. M., M. D., with original illustrations. Chicago: W. T. Keener, 90 Washington street; 1888.

The professor and adjunct professor of surgery in the Chicago Medical College have in this short treatise answered very satisfactory two questions, first, what are the best methods of diagnosis and treatment of rectal and anal troubles? and second, what are the secret meth-

ods of the itinerants, and what is their value? The diagnosis and treatment are clearly and concisely given, with excellent illustrations when necessary.

THE TWELVE TISSUE REMEDIES OF SCHÜSSLER. Comprising the Theory, Therapeutical Application, Materia Medica, and a Complete Repertory of these Remedies. By William Boericke, M. D., and Willis A. Dewey, M. D. Philadelphia: F. E. Boericke, Hahnemann Publishing House.

The general theory of the action of these remedies as given in the introduction is that both the structure and vitality of the organs of the body are dependent upon necessary quantities and apportionment of its inorganic constituents, which are those which remain after combustion of the tissues—the ashes. Any disturbance in the molecular motion of these cell salts in lining tissues constituting disease can be rectified, and the requisite equilibrium re-established by administering the same mineral salts in small quantities. This is supposed to be brought about by virtue of the operation of chemical affinity in the domain of histology. In speaking of the small amount of the remedy necessary to produce the result he quotes from Darwin, who says in his "Insectivorous Plants," it is an astonishing fact that so inconceivable minute a quantity as one 20,000,000 of a grain (less than the sixth decimal trituration usually prescribed in these remedies) of ammonia phosphate should induce changes in a gland sufficient to cause a motor impulse to be sent down the whole length of the tenticle, this impulse exciting movements through an angle of about 180°.

The authors have included in this treatise not only the original essay of Schüssler but about all which has been written on the subject. The tissue remedies are calc. phos., calc. fluor., calc. sulph., fer. phos., kali. muriat., kali. phos., kali. sulph., magnesia phos., nat. mur., nat. phos., nat. sulph., silica.

CONTRIBUTIONS TO THE STUDY OF THE HEART AND LUNGS.

By James R. Leaming, M. D. New York: E. B. Treat, 771 Broadway. Price, \$2.75.

The publisher presents as the fifth volume of his medical classics the second edition of Dr. Leaming's well known works on "Diseases of the Heart and Lungs," but so revised and rewritten, that retaining all the excellence of the first edition, it is almost a new work. As a diagnostician in chest troubles Dr. Leaming has no superior. Many of the articles contained in the present volume have been read before medical societies or have been written for medical journals and having commendation not only for the information imparted, but for the originality of thoughts and logical reasoning.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. An Atlas and Text Book Combined. By George Henry Fox, A. M., M. D. Hand Colored Plates. Nearly One Hundred Cases From Life. New York: E. B. Treat, No. 771 Broadway. Second series complete in twelve parts. Price, two dollars each.

The plates represent typical cases, and are as accurate as photography and the colorist's skill can make them. Dr. Fox is too well known to the profession as one of its ablest specialists in skin diseases to need any special endorsement for his work by the medical press. The work will be furnished in parts or in its complete form.

ALDEN'S MANIFOLD CYCLOPÆDIA.

The latest enterprise of John Alden the veteran publisher of choice books at the lowest possible price, is a cyclopædia of thirty or more volumes averaging about 640 pages each, which will comprise a dictionary of the English language as well as a cyclopædia of universal knowledge, the text illustrated by several thousand pictures explaining more clearly the subjects discussed. The publisher and editor promise to combine in the most convenient and concise and yet full and economical form possible the results of the scholarship of the world up to the time of publication. The price per volume in cloth will be fifty cents, half morocco sixty-five cents, to which may be added, if sent by mail, ten cents each volume postage. Eight dollars and sixty-five cents sent before March, 1888, will pay for the entire set of thirty volumes bound in cloth. John R. Alden, publisher, 393 Pearl street, New York.

THE first number of the *International Journal of Surgery and Antiseptics*, devoted exclusively to surgery and listerism, is filled with matter of more than usual interest and ability. The editor, Dr. Milton Josiah Roberts, furnishes an exceedingly interesting paper upon a new system of operative bone surgery, illustrated by various ingenious instruments, many of them of the author's invention. The whole number is rich in thoughtful and ably prepared articles upon the specialty to which the quarterly is devoted. Ferdinand King, M. D., business manager, No. 95 William street, New York.

The "*Annals of Surgery*" the only English journal published, devoted exclusively to surgery, enters now upon its fourth year. Dr. L. S. Pilcher, of Brooklyn, N. Y., and C. B. Keetley, of London, England, are the chief editors, assisted by most all the able surgeons of this country as well as Europe, which is sufficient guarantee of the literary merits. We bespeak for it the co-operation of the members of the profession who are interested in progressive surgery. J. H. Chambers & Co., St. Louis, Mo., are the publishers, and deserve great credit for undertaking to produce such an important journal as "*Annals*," and for its artistic execution.

Lea Brothers & Co., of Philadelphia, will shortly publish "A Clinical Atlas of Venereal and Skin Diseases, including Diagnosis, Prognosis and Treatment," by Professor Robert W. Taylor, M. D., formerly President of the American Dermatological Association, and Joint Author of Bumstead & Taylor's "Pathology and Treatment of Venereal Diseases." The work will be issued in eight parts, aggregating fifty eight large folio chromo-lithographic plates, measuring 14 x 18 inches, and containing about two hundred figures, many of them life-size, executed with the utmost faithfulness and beauty of detail. These plates will delineate typical cases from the practice of the author, and selections from the entire literature of Europe, including among others the works of Cullerier, Fox, Fournier, Hebra, Hutchinson, Kaposi, Neumann and Ricord. The text will deal chiefly with the practical aspects of the subjects, and will be illustrated with a series of unusually large engravings, executed specially for this work, and drawn principally from original matter in the possession of the author. Price, \$2.50 each part.

Errata.—In Dr. Price's article, page 328, the 26th line from the bottom the word "attenuation" should be *alteration*!

CORRESPONDENCE.

"THE MANNERS OF A GENTLEMAN."

To the Editors of THE NEW YORK MEDICAL TIMES:

In a late editorial of your journal we were informed that the *Detroit Lancet* "recommends a four years' literary and scientific course and four years of medical and hospital training" to the end that a physician might learn "the manners of a gentleman."

Now, Messrs. Editors, who is there, that is willing to deny that culture is refining? For this after all would be the sum total of results of the above recommendation. But the question arises, does refinement and culture bring bread or at least, the bread necessary to sustain a man of culture and refinement? Here is the rub! The profession of medicine is as much a bread-getter as any other calling in society. The times have passed by long ago when men chose life-callings only from motives of special likes and enthusiasm. The young man of to-day asks himself first of all the question: How may I better my conditions and where-in best gratify my tastes? But let me not address myself just now to the pecuniarily successful man in the profession, neither confront me with the disappointed one. On the contrary, let it be a father on the eve of selecting a life-calling for a son, perchance an only son. Let it be granted also that this father is himself a man of letters and of the broadest culture, with tastes equally of the most refined, and the son, a worthy scion of the sire. Let me yet intersect here, that it will hardly be controverted that culture, refinement and talent leave their imprint upon the manners, deportment, speech and general presentation of him who possesses them. Yes! that it marks the very lineaments of his countenance. Of such a one it may be said at once, aye! there goes a gentleman! After due deliberation the profession of medicine is selected as the future battle ground of existence for the son of this gentleman. Nothing has been spared to make him the ideal physician. Literary and scientific schools have been his pastures green and the college hall and hospital walks his familiar haunts. After eight years thus spent in cultivating the talents derived through heredity, and perhaps four years more of travel in foreign lands has been added to thoroughly cosmopolize his mind he finally launches out upon the open sea of professional life—that is a bread earning life. Henceforth the son of culture, refinement and gentility will have to face the world. Now, my dear Editors, what kind of a world may that be? A world of refinement, culture and delicacy? A sensitively appreciative world? A world with welcome expanded arms, eagerly longing to embrace this ideal man of medicine? Far from it. It will be a tumultuous world of factions, classes and social castes; it will be a world in which culture and refinement are often sadly mated with want or at the most a highly strained condition of existence. For let us not mistake money-wealth and flashy display of exterior elegance for refinement and culture. Our hero has perhaps already tried the great cosmopolitan centres of the East and has found every nook and corner stuffed to suffocation with both talent and mediocre promising and indifferently gifted men of the profession. He has seen alas, the rawboned, coarsely cultured plow-boy risen to the foremost rank of successful Bob Sawyerism, or the tenacious man of the world—albeit—man of ability and merit striving to hold his own at all,

hazard, and will he, Nill he, adapt himself to the mandates of the society-law of: "devil take the hindmost." Shocked but still hopeful he seeks the West, the primitive, virgin, simple-minded West in hopes "of growing up with the place." And what does he find there? The same turmoil of faction, cliques, eddies and whirlpools of society. Only more acrid, more galling, more intensely harrowing; and that too because of its very newness, its rawness, its briskness and its petty individualism. Stared at, rebuffed or frozen out of all self-recognition because of his refined "airs," he flings aside his life-time "manners of a gentleman" and becomes a man of Rome among Romans. He now has got so far as to sustain existence. Where now are the refinements and culture of his youth? Where his hopes and what his aspirations? He has become a Philistine upon a level with him to whom even Philistinism is an enjoyment of life and happiness of existence undreamed of in his youth. The man who erstwhile drove a sawdust-cart on the millroad, or yoked his oxen for a good day's plowing, is now his peer and withal a happier man. Nay, my friends, the *Lancet* man of Detroit is wrong, very wrong, when he stakes the hopes of the medical profession upon a higher education and culture without waiting for a like improvement in society at large. In the literary and science plethoric Athens of his state, but a stone's throw from where the *Lancet* has its being, he may find his Waterloo. There upon the ever swelling list of boastful graduates he will find the name of a barber, who though already well advanced in years, took his degree in medicine, and now dispenses physic—the Lord knows—but just around the very corner of the *Lancet's* domicile. Has this barber harmed him in practice? Him the man of culture and academic lore? Nay, this barber's sphere of action is not among the refined and highly cultured patrons which keep the *Lancet* editors sweltering in affluence and ease; his sphere is among barbers and such as can but understand just such and none other. A second name may be found there also of one who but a six months before matriculation piled lumber-slabs for a living and read medicine between times. He too has found his proper sphere in the sawdust towns of X, a community of humble yet not over honest laborers. Again there are farmer lads with farmer tastes and farmer's proclivities who have found homes and society spheres where best they can be understood. And there may perchance also be found upon that same catalogue of geniuses, one like the very gentleman's son above mentioned, who is toiling, dry-rotting and souring away his existence among the millionaire, mine and lumber barons in the same State, who has not found his proper sphere among them. And why? Simply because it is an offense in that kind of a community to have been reared a gentleman. But one cannot make a silk purse out of a sow's ear, neither can one find appreciation of intellectual worth with men who have gathered up the gold they possess with a shovel or pick-axe. Of all the most knowledge-disdaining, culture-hating men in the world, the regular straight-cut out-and-out business man takes the lead. (Said once a National bank president, to us: "When I am sick give me a clairvoyant doctor, none of your learned book doctors for me.") Thus one may safely venture to say: Show me your patronage and I will tell you the kind of a doctor you are. I know of a doctor not a thousand miles distant from New York who earned his hastily obtained diploma by the savings from his earnings in a shirt factory, and who, though now strutting upon the lofty pinnacle of Bob Sawyerdom,

can boast after all only of Bob Sawyers for patrons and admirers; while in a village adjoining the city of this *quondam* shirtmaker there lives a gentleman scholar, well known far and near for his professional attainments to whom the fashionable world does never come. His only patrons are a lawyer, a clergyman and a retired army officer, while besides these a host of paupers.

Practically speaking, what good may be expected from a superior education *per se*? that is as a means of bettering the social and financial status of the medical man? Except so far as it may yield happiness to the individual possessor, it tends rather to separate him still further from the masses; for it must be acknowledged that, even as it is, the science of medicine is ever a hundred years in advance of the education of the people; and thus not only because of the many ancient prejudices to be overcome, but also because of the immense strides which science is ever making in advance of the antiquated ideas of the masses. There is besides a wide difference between the educational requirements of a practical art and the pursuit of an art as a science—the practitioner of the one should not be classed with the practitioner of the other. Their aim is different and wide apart. The one practices for gain, the other entirely for the sake of the art itself. The great Hyrtl has hit the nail square on the head when he said that "the schools must bring a practical education, not abstract learning." A like idea has been hinted at by one of the Ann Arbor professors of medicine when he said that he could teach any man fresh from the plow to make a cataract operation in less than three weeks' time. Experience, too, seems to bear this out, for it is well known that some of the best surgeons were exceedingly deficient in anatomy; while at the same time one of the most famous American teachers of anatomy has been notoriously a great failure as a surgeon; and how few great physicians have really been good physiologists. Else why the great disappointment in therapeutics?

I therefore repeat with Hyrtl, "we teach too much," and possibly, too, practice too little, especially charity. Hoping that these remarks upon the ever protean subject of medical education may not be taken amiss, I sign myself, dear Editors, Very Respectfully,

LA RÉACTION.

A VISIT TO WARD'S ISLAND HOSPITAL.

A long deferred pleasure was consummated when I accepted an invitation from Dr. H. I. Ostrom to attend the Clinical Club at his office a few days since and later visited Ward's Island. We have good reason to be pleased with our record at this charitable institution. We have good reason to be proud of the men we have been able to place in charge of it. You will remember the brilliant and versatile Talcott reconstructed it after it came into our hands. His records of mortality soon excelled every hospital in New York. They gave him old calomel and rhubarb cases—the refuse of the charity cases—yet the genial genius Talcott surpassed their records. Dr. Williamson followed Dr. Talcott as chief of staff. He was an efficient officer and we were always sure the reputation of the hospital would be sustained during his management. Any one visiting Ward's Island Homœopathic Hospital now will not be disappointed either in the chief of staff, Dr. Strong, or in the institution. To those who are interested in their profession I would advise a regular attendance at this place if it is possible. Its special ad-

vantages are in the study of chronic difficulties. To the student of medicine attending college such an opportunity should not be neglected. I think the older men in the profession will agree with me when I state that there is more reputation and *money* in the accurate diagnosis and cure of an old man or an old woman than with the younger. The former have to a great extent fulfilled the mission of life, and in these "latter days" their minds are to a large extent taken up with their ailments. To be able to cure, or even to relieve such unfortunates to a greater extent than any previous doctor will prove a better advertisement than disparaging your fellow compeers—I regret to say a common practice.

The careful investigation of such an array of chronic cases, the practice in the diagnosis of them, and painstaking observation of the results of treatment, will save many an error, and possibly many a life in the days when professional responsibilities have been assumed.

I would not detract from the surgical advantages of the hospital. I saw there within three days, herniotomies, excision of necrosed bone, Alexander's operation, and promises of others if I would remain a few days longer. The student and medical men of our school can no longer say we have no hospital to visit for study and practical observation when in this institution there are regularly over *six hundred patients*.

In looking over Dr. Strong's report for the year ending December 31, 1886, I find that there were 2,104 medical cases; 1,239 surgical; erysipelas, 119; gynaecological, 65; venereal, 136, and of ophthalmic, 70. M. O. TERRY.

Utica, N. Y., February 11, 1888.

OLD SCHOOL VIEWS OF SECTARIAN DESIGNATION.

To the Editors of THE NEW YORK MEDICAL TIMES:

Allow me to say that I have been very much interested during the past year in watching the movement in your school in favor of dropping your sectarian designation, and in throwing down the walls between us, which, however they may have been built in the past, and now maintained by you alone. No code of ethics or medical society, so far as I know, desires to in any way limit the freedom of its members in the use of such remedies as shall seem to them good, so that it is not your therapeutic theories, but your "plan of campaign" which constitutes the barrier between us. As showing that this is the actual position and feeling of our "persuasion," let me quote a resolution adopted six or seven years ago by the Royal College of Physicians in London, one of the most influential and representative medical bodies: "While this college has no desire to fetter the opinion of its members with reference to any theories they may see fit to adopt in connection with the practice of medicine, it nevertheless considers it desirable to express its opinion that the assumption or acceptance by members of the profession of designations implying the adoption of special modes of treatment is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members to each other and to the public. The college, therefore, expects that all its fellows, members, and licentiates will uphold these principles, by discountenancing those who trade upon such designations." To use the illustration of Dr. Billings in an address before the graduating class of one of the New York medical schools several years ago: "You treat a case of pemphig-

us with arsenic; you may theorize as you like about the essential nature of pemphigus; you may select arsenic because you think it would produce the disease, or because you think it produces something contrary to the disease, or for no reason whatever beyond the empirical fact that you have seen a case of pemphigus recover under the use of arsenic. Also you may give this arsenic alone, or combined with other substances, and in any dose that you please from the decillionth of a grain to a grain, and you may explain the results as you like. But, as an educated physician and gentleman, you may not advertise yourself as an arsenio-pemphigist, and denounce every one who does not adopt your theory and practice, and as there is a good deal of common sense truth in the old adage that a man is known by the company he keeps, you will not have more to do than you can help with the men who do so advertise themselves; and still less will you have to do with those who advertise themselves as anti-arsenio-pemphigists, and then treat their cases with arsenic after all, and claim the results as due to dynamized brick dust."

This last may seem a little hard, but it is not what every man by implication at least really does who publicly flies the homeopathic flag while availing himself freely of outside resources. That outside resources are freely used at least by that portion of your school with which I have been brought in contact, I could relate a number of instances to prove, but your columns for the past year furnish all the evidence needed.

The chief injury of this sectarian strife arises from the inevitable partisanship which takes the place of the scientific spirit which is essential to progress. The ingenuity of the advocate is substituted for the calm impartiality of the judge, and facts are twisted (sometimes) into conformity with preconceived theories.

Hoping that the time is near when all the educated members of your school may follow your courageous example, withdraw from their false position and assume the broader title of "Doctor," and wishing you a hearty God-speed in your mission, I am Yours Fraternally,

T. E. TAYLOR, M. D.

Benzonia, Mich.

HOME-MADE "DELICACIES FOR THE SICK."

Among the many and varied forms of food offered for the sick how seldom do we find any that will answer the requirements of both physician and patient. An article may be most carefully, aye scientifically prepared, may have stood every chemical test as to purity and strength, and yet be found wanting in some most valuable quality.

In this advanced age we are too apt to turn in derision from what we call old fashioned remedies, and wonder how our grandmothers got on without the light of science we now enjoy. Yet did not these same old ladies know just how to prepare tempting and dainty dishes which brought the appetite back simply by seeing the beautiful things provided? then why is it our sick ones are no longer supplied with these delicacies? Is it not that in our busy lives we trust the preparation of our daily food entirely to servants, and when sickness comes we know but little how to prepare what is so necessary for the patient. This work should not be trusted to the ordinary cook; to these preparations must be brought not only the knowledge of what is most strengthening and nutritious, but also how to make them "pleasant to the eye, and good for food," to feel that every portion of the work has been carefully and conscient-

tiously done, remembering always that a life may be saved by just a little added care in the selection of the materials used—for instance, chicken-broth made from old habitués of the poultry-yard may have the appearance and even taste of goodness and yet lack the nourishment furnished by the tender meat of a young chicken.

We are so used to calling bouillon, beef tea, that many know nothing of its properties, and are astonished to find the genuine article not clear like soup. The beef tea of the present day, even that made in our own families, is often spoiled through ignorance, allowed to *boil*, and when finished is a dirty yellow color; while beef tea properly prepared consists of two parts, one the defibrinated particles of the meat, the other the clear dark *red* juice, the two being shaken together produce a rich dark looking liquid, inviting to the eye, the nose, and the palate. For this purpose, only the most tender and juicy part of the beef should be used, and the process of preparing and making one of constant watching. To compare this kind of home-made beef tea to that of the chemically prepared extracts sold by the druggists is almost impossible.

In olden times when physicians and nurses were not as plentiful as they are now, home-made remedies had their place in every household and the virtues of the raspberry vinegar, the wild cherry and blackberry brandies, cordials, &c., are still known and their curative properties acknowledged.

Home-made articles differ from those sold in stores, in that they being free from adulterations and preservatives, will not keep any length of time, and the fact of their being *freshly* made adds to their appetising and nutritive properties. The so-called calf's-foot jelly sold by our best grocers and confectioners is put up to keep an indefinite time, a sure evidence that it is not genuine for no *pure* meat jelly, even with the addition of wine and sugar can be kept very long. Genuine calf's-foot jelly is not easy to prepare, it takes not only time, care and patience, but a large amount of scientific knowledge, and on this account we so often find the substitution of gelatine. But what more delicious and tempting can we bring to our sick than some of this jelly, so clear that fine newspaper print can be read through it, delicately flavored with good table sherry, sparkling in its dainty glass bowl or tumbler? who would not try to taste it, if only for its beauty?

In the pure meat jellies, such as chicken, mutton, oxtail, &c., we can often serve a variety, giving them as *jelly* at one time, at another by heating convert them into the strongest of *broths*. Often by combining two or three kinds of meat, for instance, beef, mutton and chicken, we get good results not produced by any one kind.

Those for whom a milk diet is prescribed can have many a delicate and delicious dish, the carlotta cream with its flavoring of fine wine, the cream blanc mange (or that made out of milk) where wine must be avoided, the old-fashioned whip-syllabub, &c.

To the parched mouth of the fevered patient what is more refreshing than pure fruit juices? and here science comes to our aid and enables us to keep the *pure* juice without even the addition of sugar, so that the delicious acid of the currant, and the sweeter flavor of the raspberry, can be enjoyed at all seasons of the year.

To "heal the sick" is one of the Divine commands, and though all cannot belong to the noble army of physicians and their attendant nurses, yet by the exercise of our thoughts and of our means we can carry hope to many a sick room, and by sustaining the enfeebled body bring back

vigor to the mind, and enable both to do *once more* their appointed work.

MRS. J. W. BARROW.

ON THE EVIDENCE OF THE CURATIVE POWER OF DRUGS.

The announcement of a paper by Dr. Conrad Wesselhæft, of Boston, "On the Evidence of the Curative Power of Drugs," resulted in a large attendance at the February meeting of the Homœopathic Medical society of the County of New York, a number of non-members being present.

The paper of the evening was able, and in its direct thrusts at some of the shams of homœopathy, evidenced not a little courage on the part of its distinguished author. He first entered quite extensively into an examination of the history of medicine, showing that for the most part physicians all down the ages have not been much concerned with the study of medicine proper, but have devoted themselves to the construction of theories of life, disease, therapeutics and the like and to efforts to harmonize with these, their theories, of the action of drugs. Physicians have always been influenced, if not controlled, by the traditions, myths, and popular beliefs of their day, a fact which the physicians of the present time prove by their use of manufactured compounds of which their sole knowledge is derived from the label furnished by the manufacturer, of such drugs as *lac-de-floratum*, *lac-caninum*, and the like, and of the patent foods which claim to be condensed butcher's and baker's shops in pint bottles.

Writers of the dominant school even of quite recent date, took note of only the crudest and coarsest drug effects, and by these classified the drug as emetic, cathartic, alterative, etc.; and once classified its use was determined by the class to which it was assigned. Yet there was a belief in a wider range of action of drugs and by means of this a selection was made among the individuals of a class.

Hahnemann questioned the value of the traditions upon which physicians had relied for their knowledge of *materia medica*. He put drugs to the test, and proved at least that they do produce effects. Yet he accepted much upon the authority of tradition, especially in the earlier part of his career. Homœopathy did not spring fully formed and perfect from the brain of its founder. It was a growth in his mind and has not reached perfection yet. Hahnemann did not *prove* his formula to be a law. We have not yet reformed the Old School or convinced it that Hahnemann's formula is *the law* of cure. The Old School does not accept and we ourselves do not approve our symptom lists. They say we have not made a single inductive attempt to prove the truth of our boasted law. We point to our reports of cures, but they are made now with much, now with little, and now with no medicine, and we neglect to record our failures.

The trouble is we *believe* in the curative power of drugs; we do not prove it. We accept our symptom lists as our fathers accepted blood-letting—on tradition. We trust the records. We accept all that Hahnemann has said, and here is our weak point. Very few physicians *prove* drugs, yet books of *materia medica*, which are but compilations, multiply. Faulty methods of pharmacy, faulty methods of proving, proving as something what is really nothing—these things make it impossible for us yet to assert that we have positive evidence of the curative power of drugs.

In the course of the discussion which the paper evoked,

Dr. T. F. Allen expressed the opinion that the whole *materia medica* would have to be rewritten from the very foundation. He thought one of the best results of the publication of the *Encyclopedia* was the attention it had directed toward the imperfections of the *materia medica*. But while we do not know that diseases can be cured by drugs, partly because we do not know the natural history of disease, we do know that symptoms can be cured by drugs, and practically we prescribe for symptoms, selecting that drug which covers in its symptomatology the largest number of symptoms presented by the patient. The great element of uncertainty in the present *materia medica* is due to seeds sown early in its growth, by the admission of clinical symptoms.

HENRY G. HANCHETT.

HINTS FOR TOURISTS VISITING SOUTHERN CALIFORNIA.

Keep in mind that our Winters are from December to March, and Summers, from April to November.

Clothing that would be worn in New York or Washington those months, may be worn here. Good thick flannel for Winter months is desirable, since the nights and mornings are colder by many degrees than the days, by reason of the heat of the sun, which shines here more than any place this side of Africa.

The "rainy season" is presumed by many who have never visited this coast to last for many weeks. This is by no means the fact—it may rain and rain hard for a day or two, sometimes prolonged to three or four—then the weather clears up and beautiful days may continue for weeks, the road becoming dry and hard, making driving the most enjoyable of any season in the year.

Rubbers, gossamers and umbrellas are just as useful here when it rains as any place I know of. Thin wraps, or no wraps at all, are more in demand than thick, still there are times when *thick* are absolutely required.

The summers are by no means so intensely hot as is supposed, the "trade winds" tempers the sun's rays during the heat of the day, so that we seldom feel the depressing heat of a country farther inland, or on the Atlantic coast, and the nights and mornings are Heaven's best gifts. Always clear, always calm, almost always cool, making it imperative the need of bed clothing to be comfortable at night.

In my experience the summer is even more enjoyable than the winter, for the reason you can *depend* upon the weather. You may rest assured that on any day next week or the week after that you may name, it will be pleasant for an excursion or a visit to some far away town.

The succession of delicious fruits that begins with cherries in May and continues to November is something marvelous. Cherries, plums, prunes, apricots, peaches, pears, apples, grapes. I wouldn't like to be obliged to say how many kinds of each, as well as all the berries of the East. Strawberries from March to January, and oranges and lemons the year round, having lived through one year and feasted on these, one never forgets California.

Last year there were times when it was difficult to care for all who came to this coast—and then not of the best—the country was taken by storm, it was then but an infant. Since then hundreds of boarding-houses and hotels have been built, and thousands of houses, so now 30,000 to

50,000 tourists may be cared for, and pretty well, and in many cases of the best.

Ladies may here find good stores and dressmakers, etc., with charges but little if any higher than east of the Rocky Mountains.

Good thick shoes and stout soles are useful for mountain climbing, and I might add, one good stout dress to the ankles for the same purpose. W. W. MERRIAM, Pasadena, Cal.

OBITUARY.

ADOLFO DE VARONA, A. M., LL. B., M. D.

In the death of our distinguished friend and colleague the cause of liberal medicine and the profession generally have met with a serious loss. Dr. Varona had been in failing health for several months previous to the illness which terminated so suddenly and unexpectedly. We had remarked this circumstance, now and then, and expressed our concern for him, and occasionally he frankly admitted that he was not well and felt a depression and debility which were unusual to him. Nevertheless, he seemed to be free from constitutional, or organic disease. At least, no alarming or discouraging symptoms were present, and our apprehensions were accordingly allayed. It appears, however, that even in the midst of what we hopefully believed to be repair and health, death was near. He died at Lakewood, N. J., whither he went for a few days rejuvenation, February 10, 1888, in the forty-ninth year of his age, of congestion of the lungs.

Dr. Varona was of Spanish descent, born in Puerto Principe, Cuba, January 6, 1840. His father was Augustine José Varona, a planter, and a man of some note in his native island. According to the old Spanish custom, not yet obsolete, the destiny of young Varona was fixed by his father, who not only provided for his medical education and profession as a surgeon, but selected a wife for him, Signorita Mariana Ramos, to whom young Varona was married at the youthful age of nineteen. Previous to this last event the youth had taken the degree of M. D. from the College of Medicine in Cuba. On applying for a position in the army as surgeon, for which his father had designed him, the government declined to recognize the diploma of the Cuban school, and Adolph was rejected. In this dilemma he was sent to the Hahnemannian Medical College, Philadelphia, and took the degree of M. D. from that institution in 1858. Returning to Cuba, he again applied for the coveted position as an army surgeon and was again rejected, the government being still dissatisfied with his credentials. Finally, his father sent him to Edinburgh from whose school of medicine he graduated and by whose diploma he was admitted to a surgeonship in the Queen's army, Cuba. In this position, the young surgeon soon distinguished himself as evidenced by the recognition of his services by her majesty, the then queen of Spain, who decorated him with royal orders.

In 1865, the career of few men was more promising than that of Dr. Varona. But at the full tide and flush of fortune, or what the world calls fortune, he turned away, staking it all upon the success of an Utopia—the political independence of his native isle. "We are led on like the little children by a way that we know not," and so it was with the subject of this sketch. Sympathizing with his whole heart in the movement to free Cuba from the Spanish yoke,

Varona cast his lot with the insurgents of 1869, and shared their ill-fortune. He was intimately associated with General Quesado, the rebel chief, and suffered all the penalties, except death, which defeat brings to those who seek by force to subvert the power and authority of their government. In this instance, Dr. Varona escaped death by good fortune. Captured in open rebellion against Spain, he was thrown into prison, and while waiting his turn to be executed, made good his escape. At this time he was reported among the dead, and an obituary of him actually appeared in the *New York Herald* for November 30, 1870. After many hardships he succeeded in reaching the United States, but in a destitute condition—wife, children and estate—everything being left behind. His wife died soon after his arrival in this country, as did also several of his children, which aggravated the bitterness of his situation.

Coming to Brooklyn in 1871, he applied for and obtained the humble position of house physician to the Brooklyn Homœopathic Maternité. It was on this occasion that we first met him in the parlors of the late Dr. Sumner, at that time Medical Director of the Maternité. The position in the Maternité Dr. Varona resigned after a few months of acceptable service, to engage in general practice, which gave him a large field in which to exercise his genius as a surgeon. He became identified with the Homœopathic Hospital about this time, and retained his connection with it to the last. At one time, he was Professor of Surgery in the Hahnemannian Medical College, Philadelphia; Professor of Histology in the New York Homœopathic Medical College; Professor of Pathological Anatomy in the New York Medical College and Hospital for Women; Visiting Surgeon to the Wards' Island Charity Hospital; Consulting Surgeon to the Brooklyn Homœopathic Maternité, etc.

Dr. Varona was a man of many accomplishments. He was an artist by nature; could draw well and use the brush creditably. He wrote many plays in Spanish, some of which are still popular in Cuba. His work on "Sewer Gas" is well known. He leaves unfinished an important manuscript on the treatment of wounds. As an inventor Dr. Varona was not unknown, being the inventor of several ingenious surgical instruments. His scholarship was above that of the average physician. He could speak fluently French, Spanish, Italian and English, and was entitled to the letters, A. M., LL. B. and M. D. Though Spanish was his mother tongue he spoke English equally well. While he wrote well, he could speak better, possessing the rare gift of being able to "think on his feet." What he wrote was usually dictated.

While Dr. Varona was a man of fine accomplishments and broad scholarship, excellent judgment and rare tact, he was a natural surgeon. We may say he was distinguished as a surgeon. As a surgeon we have chiefly to mourn him. He was full of resources in an emergency. His hand was as steady over the operating table as his head was level. He was the neatest operator we ever saw use the knife, so careful was he of blood-wasting and to avoid the appearance of being slovenly.

In the death of Varona a surgical light has gone out and the school of medicine with which he was identified has met with a loss it can ill-afford. Though recognized as a homœopath, he aspired to a greater distinction—that of *Physician*. Broad and liberal in his views, he was free from the vice of bigotry and untrammelled by isms, pathies or specialisms. For one of his experience and talents Dr. Varona was most modest and unassuming. In the con-

sulting room he was the soul of courtesy; to the borish and uncharitable with which the medical profession is overstocked, he was ever forbearing; to the poor and unfortunate, kind and charitable; to every one, gentle and gentlemanly.

Dr. Varona married, in 1879, Miss Elizabeth W., the estimable daughter of Captain Watson Ferris, of Brooklyn, who survives him. Five children, two sons and three daughters, all by his first wife, also survive him. D. A. G.

DR. ASA GRAY.

Dr. Gray, the eminent botanist, died at Cambridge, Mass., on January 30 last, at the age of seventy-seven. In his death the scientific world loses one of its foremost workers, and society a kindly, gentle soul.

The works published by Dr. Gray on the various branches of botany almost constitute a history of that science during the last forty years. His "Elements of Botany" appeared in 1836, and the remarkable little volumes entitled, "How Plants Grow," "How Plants Behave," "Lessons in Botany," "Structural and Systematic Botany," appeared during the succeeding twenty-two years. With Dr. Torrey he began, in 1838, the great work, "The Flora of North America;" in 1848 "The Genera of Plants of the United States," and in the same year a "Manual of Botany of the Northern United States," of which many editions have appeared; in 1854 he commenced the first volume of "The Botany of the Pacific Exploring Expedition under Captain Wilkes," and since the publication of "The Origin of Species" he has written various volumes on the Darwinian theory among them, in 1861, a "Free Examination of Darwin's Treatise," &c., and later, a volume of essays called "Darwiniana." He was an associate editor of the *American Journal of Science*, and one of the regents of the Smithsonian institution.

It was chiefly through the exertions of Dr. Gray that the American public was given an early opportunity to become familiar with Darwin's theory as set forth in the "Origin of Species." Although Dr. Gray did not fully agree with Darwin, he in the main accepted his idea of the mutability of species, and added greatly to its force by botanical examples, for the use of which Darwin acknowledged his indebtedness. The chief point of difference between Darwin and Gray was that the latter believed that the evolution theory was compatible with the existence of a supreme being directing all things according to his own will. At the meeting of the British Association for the Advancement of Science, held in Montreal a few years ago, Dr. Gray read a paper on the differences between the flora of America and Europe, in which he clearly showed the application of the theory of the survival of the fittest, and which made a profound impression on all who heard it.

The most important work of Dr. Gray, "The American Flora," was not completed. One volume was issued, and he was still at work on this masterpiece of his life when he died.

TRANSLATIONS, GLEANINGS, ETC.

Phosphorus in Skin Diseases.—Strong evidences in favor of this agent in some formidable cutaneous affections have been reported. Dissolve ten grains phosphorus in one ounce olive oil, the dose of which is from three to five to ten minims thrice daily. A case of severe acne indurata of the face, of four years' standing, was

cured in six weeks. In three cases of lupus, similar satisfactory results were obtained. Marked improvement was manifest in two to six weeks, but, of course, it took several months to cure. In one case of scrofuloderma the glandular swellings disappeared in six weeks; in another case was effected in three weeks. Psoriasis also yielded rapidly. A man, aged twenty-four, with pemphigus, beginning on the abdomen, was quite well in a month. When a silvery appearance of the tongue presents itself, analogous to arsenic, it must be withheld for a time, and one of the mineral acids substituted for a short time.—Dr. A. Livezey, in the *Medical Summary*, January, 1888.

DISEASES OF THE NOSE AND THROAT.

By T. M. S.

From the *Annals des maladies de l'oreille, du larynx*, etc., we make the following abstracts in relation to Tumors of the Larynx and Extirpation. Hughes reports a case of cancer of the larynx, in its first stage, where death resulted from dyspnoea.

Schmiegelow reports a pharyngo-laryngeal carcinoma, with extirpation of the larynx, and the excision of about 6 cm. of the oesophagus. Ten months later the patient was in good health, and with no apparent return of the disease.

Massei has seen sixteen cases of epithelioma, of which thirteen were primary cancers; three, pharyngo-laryngeal cancers attacking the vocal cords and ventricular bands; adenoma had been seen twice, and he likens its appearance to enlarged tonsils—the microscope only can decide the diagnosis. He has also seen six sarcomata, choosing by preference the false cords. Of five cases of carcinoma, two were on the right, two on the left, and one on the epiglottis.

Mitchell reports a case of tracheotomy for epithelioma of the larynx and tongue, two months later the patient died of marasmus.

Borgmann extirpated the larynx for cancer, which had developed within three months, in a man 46 years of age. It caused frequent attacks of suffocation. From the size of a bean when first seen, it had extended from the right to the left side, and had invaded a portion of the epiglottis. The surface was covered with points of granulation. The microscope gave the diagnosis of epithelial cancer. The larynx was extirpated and six weeks later the patient went out with an artificial larynx.

Storck reports a case of partial extirpation of the larynx. Tracheotomy giving no relief, laryngotomy was proposed. On account of the infiltration of the thyroid cartilage, a portion of it was cut off, but by suturing the aryepiglottic folds and mucous membrane, deglutition was possible. A canula permitted the patient to speak with comparative ease.

Delavan reports a case in which the beginning of the attack was similar to that of catarrhal laryngitis of phthisis. Three months after the probable beginning of the attack, the patient died in profound cachexia. The condition of the other organs prevented extirpation of the larynx. On laryngoscopic examination the neoplasm did not present itself under the aspect of a distinct tumor, but under the form of a general tumefaction, with narrowing of the glottis, principally on the left side. No ulceration, but oedema was present at the base of the epiglottis

and aryepiglottic folds. The swelling on the left side of the larynx could be noticed externally. This form of malignant sarcoma is rare.

Parks extirpated the larynx for a cancerous growth following a long-standing papilloma, which had caused hoarseness only. The patient did not seek a specialist until he had become aphonic. Tracheotomy was first performed, but the granulations were so prolific as to block the tube, necessitating extirpation of the larynx, and including the first ring of the trachea and half of the epiglottis. A cure followed rapidly under iodoform tampons. Alimentation was carried on for two weeks by a tube through the wound; later normal alimentation, and with an artificial larynx, speech and deglutition.

Hahn is a firm believer in extirpation of the larynx for cancer. In eleven operations he lost only one patient immediately after the operation. Age is not a contra-indication, since the operation relieves the strength of the patient. Bronchial catarrh and bronchial pulmonary lesions are contra-indications. Metastases are few and returns rare. Should extirpation be partial or total? Canceroids have a tendency towards corneal evolution and has the best prognosis; here partial extirpation suffices. On the other hand, in infiltrated cancers, and in neoplasms with rapid course and tendency to ulceration, total extirpation is necessary. In sarcomas it is a question of the extent of the tumors.

Weltering gives a case of cancer of the larynx where the hereditary neoplasm was closely established. The father of the patient had died from cancer of the stomach. Tracheotomy gave some months of relief. At the autopsy a perforation of the posterior wall of the larynx and of the anterior wall of the oesophagus, of about 6 cm. in length, was found. The cancer had invaded the left half of the larynx below the vocal cords. For four or five years he had had frequent lancinating pains in the throat sometimes reaching to the left ear. After tracheotomy there was a tumefaction on the left side, in the neighborhood of the larynx, about the size of a nut. The laryngeal mirror showed an embossed tumor of a grayish-white color, covered with mucus, and occupying the left posterior portion of the larynx. This frequently returned, the numerous granulations invading the tracheal wound and obstructing the canula produced attacks of suffocation. The ganglions suppurating, incision produced laudable pus. Two large granulations overlooked brought death from asphyxia. The patient would not have survived any length of time in consequence of a progressive cachexia.

Lublinski says the latero-laryngeal ganglions may be tumefied without there being true cancerous infiltration. It may be simply an inflammatory adenitis. On the contrary in certain cases a tumor of the neck secondary to cancer of the larynx, and of relatively little importance, may receive the attention only. The author has collected the following statistics: Out of 76 cases, 31 patients died within 14 days, and 4 others on account of the operation, or 46 per cent. In 45 who were operated on successfully, 3 were relieved of intermittent maladies and 20 of the fact of a return. Eighteen were reported as remaining alive, of which 9 were doubtful. Of the other 9, one died 14 months after the operation on account of a return of the disease. In spite of this discouragement, the author believes that extirpation of the larynx is the operation of the future. Perfection of the technique is to be aimed for. Out of 76 operations the first 38 gave 52.6 per cent. mortality; the last 38, 29 per cent.

Hahn has observed after total extirpation a consequent impediment to the return in continuity, and originally, after 8, 9, 10 and even 14 months. He had never seen after total extirpation any ganglionic return or metastasis. Out of eight operations only one was still alive, this operation dated back four years and was practised on a man of sixty-nine years, for canceroid. A good canula tampon diminishes the mortality of the operation.

Newman reports a case with pain on deglutition, ganglionic tumefaction, aphonia, no external evidence of disease. The laryngoscope showed an ulcerating tumor on the left ventricular band, which had destroyed completely the vocal cord on that side, and extended to the lower edge of the fourth cartilage. Total extirpation, resulted favorably, and later furnished with an artificial larynx.

West reports a case where the tumor was of large size, the patient had suffered from dyspnoea for nine months. Tracheotomy only delayed death for a few days.

Sokotowski has observed four cases of cancer of the larynx during 1885. One was a man of 60 years, who had suffered for many years with hoarseness, slight dyspnoea, with subsequent cough and emaciation. An examination of the chest showed slight infiltration of the right apex posteriorly with some râles and indistinct respiration; foetor of the breath; cervical glands normal; fever; the right cord thickened, inverted, with vegetations. Tracheotomy for the dyspnoea, but the patient succumbed rapidly with diarrhoea. Advanced sclerosis was found in the right apex, less in the left. Deep craterform ulcerations had destroyed the cords, having indurated bases, and extending deeply into the thyroid cartilage. The microscope showed epithelial cancer. This is an exception to the theory of Rokitsansky, as to the antagonism between cancer and tuberculosis. The second case was a man of 55 years, suffering with hoarseness and difficult respiration for a long time, and subject for several weeks to hemoptysis. No fever, but a cachectic condition; cervical glands not enlarged. Ulceration in right vocal cord with polypus tumor covering the sinus of Morgagni, and concealing the left cord. No other trouble in the larynx. In both lungs weakened respiration at the apices with disseminated râles; no bacillus in the sputa. Several months later a fluctuating tumor, the size of a pullet's egg, covered with normal skin, appeared on the anterior wall of the neck in the neighborhood of the larynx. Marked tumefaction of the aryepiglottic fold, and the left arytenoid region. A white swelling the size of a cherry covered the right arytenoid. Still no bacillus. In spite of the phthisical aspect almost typical, of which nothing was wanting, neither the form of ulceration, site of the infiltration, functional signs, nor the pulmonary concomitant, even to the perichondritis of the first ring of the trachea, yet the examination showed it to be of a cancerous nature. No autopsy. The author does not advocate total extirpation except in the early stages, later tracheotomy is the only recourse.

Park's case was a man of 63 years, who ascribed the condition to an acute laryngitis, following a chill many years before. He had pains in the larynx, spasmodic cough, and paroxysms of dyspnoea. Six months after the operation he had regained health and strength. It was an epithelioma.

Lange's case was a man 30 years of age, who died on the 5th day with symptoms of septicæmia.

Morris' case of epithelioma died on the 8th day from exhaustion. Thinks the operation especially indicated when

the neoplasm is limited entirely to the larynx, and when tracheotomy does not relieve the pains, cough and dyspnoea.

Semon made a partial extirpation in the case of a pediculated, papillar epithelioma, in the ventricular fold. The right half of the larynx was removed as completely as possible. The patient was cured, in spite of bronchial and pulmonary complications. A curious thing was the fact that normal voice returned, although the canula rested upon the vocal cord. No trace of a return.

Butlin made a partial extirpation of the larynx for an epithelioma of the vocal cords. Cure four and a half months after the operation. No return.

Gerstès states that partial extirpation gives 20 per cent. of mortality, while total gives 33 per cent., and that there is no more likelihood of a return in the former than in the latter. The voice and deglutition are but little interfered with. The external wound can be closed, and there is no need of a tracheal canula. In one case of cure, he removed first the glands of the neck tumefied with veins, and a degenerated portion of the sterno-mastoid muscle, put in drainage and reunited edges of wound. Tracheotomy was then performed, and six weeks later a lateral resection of the larynx without loss of blood; the operation lasting three-quarters of an hour. The operation resulted well, with deep cicatrices in the neck.

Frankel removed a cancerous growth by the intralaryngeal method. The growths returned and were removed five times successively; finally a cure. During this time ablation of the cervical glands for cancerous extension was practised. The patient was 75 years old. The voice was preserved.

Billroth, in his clinic, makes three forms of operation for tuberculous granulations, mistaken for cancer, for cancerous tumors, etcetera. Laryngotomy has been performed 11 times; 1 for tuberculous granulations; 1 for rhinoscleroma, and 8 times for cancerous tumors. Of these 11 operations, 3 patients died within a week. Of the 6 cases of carcinoma, 5 only survived the operative wound, and only one at an interval of two years was without a return. In this case the diagnosis had been made by removing a portion interlaryngeal; the removed tumor was not examined. In three cases a return followed at the end of 1, 2, and 13 months respectively. The other cases were lost to view. In six cases where one of the cords was implicated, the voice remained hoarse; in three others, in which the operation was successful, only the whispered voice was preserved. The second form of operation was total extirpation of the larynx, in five cases of cancer; in two of which death followed within 7 months. The third form was partial extirpation; 7 times for cancer, in which a return or death had occurred in five cases; two of the cases were recent. One operation was for cicatrices, the voice being left rough and hoarse with permanent canula.

Sir Morell Mackenzie (*Med. News*), has collected 103 cases of extirpation of the larynx for carcinoma, 8 cases for sarcoma, and 6 for other causes, a total of 117. Of these, 12, or about 10 per cent., lived twelve months after the operation.

Laryngeal Tuberculosis.—Ariza, of Barcelona (*Med. News*), gives the following experiences in this disease: Out of 20 phthisical patients seen during 1885-6, 16 were men and 4 women; their ages ranged between 16 and 64 years. The etiological causes were unknown, but in nearly all the cases there was some pathological relation between the larynx and the lungs. The cause of the affection was

always chronic in the first-named organ, while chronicism and acuteness varied in the lungs. He maintains the curability of laryngeal tuberculosis when the lung is sound or only slightly affected, though the lesions of the larynx may compel tracheotomy; and he records the case of a lady patient who, after having been tracheotomized, had an absorptive fever, with copious sweating, purulent expectoration with detritus of the tissues, and pieces of necrosed cartilage, until a time arrived at which the elimination of the tuberculous engorgements ceased, and the patient was cured of her laryngitis. The forms of tuberculosis observed in 20 patients were the hypertrophic, the polypous, and the ulcerative. The treatment consisted in touching the ulcers with iodoform, carbolized and boric solutions, as well as with lactic acid and nitrate of silver; in removing the pediculated polypi, and in cauterizing the sessile ones with chromic acid or galvano-cautery, and using for hypertrophies galvano-caustic punctures.

Treatment of Tubercular Laryngeal Ulcers. (Hering. *Rev. Mens de Larynx*.)—Lactic acid has given the best results. In 15 patients he had obtained in 11, cicatrizations which remained for periods varying from eight months to two and one-half years. He recognizes the fact that there are cases in which the medicine is not indicated, and others in which it is not tolerated. In the majority of cases it has a favorable action, but this remains permanent only when all the infiltrated portions have been removed.

The cutting curette is indicated for excrescences in the inter-arytenoid region which tend to tuberculous deposits, and for those forms of ulcers which inclose tubercles both in their sclerosed depths, as well as in their hypertrophied edges. After curetting, the wounds are maintained aseptic by applications of iodoform emulsions. He has not observed any important hemorrhage. Out of 35 cases treated he has obtained 27 cases of durable cicatrices. All these cases showed bacillus in the sputa, and some elastic fibers. He has not obtained any cures by iodoform, iodol, or menthol.

New Medicaments and New Methods of Treatment in Laryngeal Tuberculosis.—Schnitzler (Idem), refers to the use of iodol, menthol, salol and phos. of lime, and says that these local measures have no effect except the pulmonary process is arrested, and warns against the tendency to place local treatment in the front rank, to the neglect of general treatment, especially that of the lungs. As to phos. of lime, he thinks its action similar to lac. acid, and employs it under the form of pulverulents. He is not able to give a definite opinion as to its merits, but is little inclined to attribute anything specific to its action.

In the discussion one physician thought that while the tuberculous process remained limited to certain organs, and the bacillus infection could not be considered generalized, we should employ every means capable, either of destroying the bacillus or, at least, of opposing its proliferation. Another favored lactic acid, especially in cases of infiltration, where he failed most often. In reply to a question as to the manner of preserving wounds antiseptically, after curetting, Hering said that he touched energetically the fresh wounds twice daily, with the emulsion of iodoform, and prescribed a gargle of a 2 per cent solution of lac. ac., according to the mode of Moura, of Paris.

Transformation of Benign Neoplasms of the Larynx into Malignant Tumors.—Schnitzler (Idem) reports a case of epithelial cancer of the larynx, with extension into the glands of the neck, in a patient who had been operated on some months before for a papillomatous growth, and

subsequent cauterizations to prevent return. These facts are rare, for in the author's observations of many cases of papilloma, he had only noticed it in three cases. This shows the error of the charge that the operation and the subsequent cauterizations produce malignant returns. Morelli reports the case of a man of 49 years who had been under treatment for four years. He made a tracheotomy for papilloma, and afterwards removed the growth by thyrotomy. One year later the patient returned with an enormous carcinoma. Seifert reports a similar case, the patient only surviving a short time the extirpation of the larynx. Heymann reports a case which had been operated on a number of times for nasal polypi and who afterwards returned with an internal tumor, of the size of a nut, blackish grey in color, which on removal presented the appearance of a melanotic sarcoma, and showed many of the points of those forms of transition to carcinoma, as described by Virchow. Gottstein did not hasten to a conclusion concerning these transformations, from a laryngeal inspection or microscopical examination of fragments from the surface of the tumor, which do not show how far the epithelial proliferations penetrate into the elements of the mucous membrane.

Innervation and Paralysis of the Larynx.—Onodi (Idem) has studied the anastomoses between the branches of the superior laryngeal and those of the recurrent, as well as the innervation of the muscles of the larynx; the latter he thinks is made by two nerves. He has been able to establish that the posterior crico-arytenoid muscle, the thyro-arytenoid and the lateral crico-arytenoid receive filaments from the superior laryngeal. The author thinks that these new facts will explain pathological circumstances which the nervous distribution indicated by Luschka does not explain.

Causes Preventing Removal of the Tube in Children Tracheotomized for Diphtheria. (Kohl. *Jour. Med. Sci.*)—1. Prolonged diphtheria; 2, relapsing diphtheria; 3, choroiditis inferior; 4, granulation stenosis; 5, curvature of the tracheal wall; 6, relapse of the anterior tracheal wall; 7, compression stenosis; 8, cicatricial stenosis; 9, primary and secondary paralyses; 10, paresis from habit; 11, moral influence, and 12, spasm of the glottis; some of these causes being occasionally combined.

Laryngectomy. (Salomoni. *Jour. Med. Sci.*)—One hundred and four cases of total extirpations and twenty-four partial extirpations are tabulated by the author, and the history of a third case given. Male, aged fifty-three; sarcoma; tracheotomy some days before laryngectomy. Some trouble in isolating the larynx. Trendelenburg's canula unsatisfactory, producing so much cough as to compel its withdrawal. The larynx was then rapidly split open, the two halves were exercised, and the entrance of blood prevented by placing a sponge over the cricoid cartilage, which was drawn forward. Death on the third day by bronchopneumonia. Salomoni's researches show that the immediate mortality has been 43.6 per cent. in carcinomas, and 16.6 per cent. in sarcomas. In recoveries from the operation in cases of carcinoma limited to the larynx, the minimum duration of life has been one year, the maximum eight years, and the average five years. In carcinoma extending beyond the larynx, the corresponding figures are nine months, five years, and three years. Erosion of cartilage is a more unfavorable indication than glandular infiltration. Of five cases of sarcoma, one was living at the end of five years, and one at the end of twelve years. Recurrence of carcinoma

occurred in twenty-eight cases; and did not take place in nineteen, in two of which two years had elapsed, and in six, eighteen months.

Morbid Growths of the Larynx. (Mackenzie. *Jour. Med. Sci.*)—To remove a rather rapidly growing papillary growth blocking up more than one-third of the glottis anteriorly and producing dyspnoea, the larynx was split externally, the growth was removed and its seat of attachment was cauterized with solid silver nitrate. This cauterization failed to repress repullulation, and in less than three months the larynx was again divided to remove the growths which "had recurred, apparently more luxuriant than ever." This time the bone was freely and deeply cauterized with the thermocautery. This cauterization was efficient, there being no trace of recurrence fully two years later, although a fresh growth had appeared upon the posterior third of the left vocal band. Meanwhile, too, a similar growth had appeared on the mucous membrane of the hard palate immediately behind the incisor teeth.

In his remarks upon the case, he mentions immobility or impaired motility of a vocal band as rather diagnostic of malignant disease, owing to the deeper and more diffuse situation of the disease. Nevertheless, growths of the benign character histologically sometimes produce the very same effect upon the mobility of the vocal band when they are located at a distance from the margin, or when they are located in the ventricle or on the ventricular band. The writer has had under his care for several years a lad, wearing a tracheal canula, in whom he had twice had occasion to repeat an external operation for recurrent warty growths, and in whom this effect upon the motility of the affected vocal band, as usual the left one, has been as marked as in any case of malignant growth.

Murdock's Liquid Food.*—In the November number of the *Druggists Circular* there appeared an editorial calling attention to the increasing number of so-called fluid foods, which are being offered to the medical profession and condemning them all as being composed of blood and whiskey, with some preservative to prevent fermentation. A perusal of this article suggests that the results of investigations made by the writer, in regard to a certain "food," will interest the readers of this journal. As the claims of this food are being paraded more prominently every year, we will give certain facts which we have gleaned from *personal observation*. The preparation referred to is Murdock's Liquid Food.

The name of the article, "Liquid Food, an Extract of Beef, Mutton and Fruits" is of itself appetizing, suggesting delicious, juicy roast beef, and mutton and all sorts of fruits. This only further illustrates the fact that a prime requisite for all this class of patent medicine is a talking name. If this article had been called "Raw-beef and Whiskey," it would still be peddled about from house to house instead of being dispensed from luxurious and palatial warehouses as it now is. As is customary, every bottle of the Liquid Food is accompanied by a circular setting forth its advantages, and the selections from this circular which follow are given to show what the pretended composition of the food is.

"In response to a letter asking for information as to the composition of Murdock's Liquid Food, Dr. George R. Shepard of Hartford, Conn, received a reply from which the following is taken."

"Liquid Food. The beeves are all grade Durhams—no

bulls or cows being ever used. The sheep are all grade Cotswolds less than two years old. Their extracts are obtained immediately after killing, testing every lot at every stage it passes through. Combined with using one quality and one brand, as they purchase a year's stock of all the fruits they use, and their meats, each lot makes eight thousand bottles, enabling them to make all their extracts of equal flavor and quality."

This last statement, which, by the way, is so simply worded as to really mean nothing, hardly corresponds with that upon every bottle, that as every animal varies in flavor, so the different bottles vary in taste, and the consumer must not be alarmed if any bottle tastes different from the one previously used.

Taking the above extract as a basis, the average person would suppose that the "Liquid Food" was made in some way from the flesh of choice beef and mutton, and that to this was added the juice of various fruits. This is undoubtedly the idea which it is intended to convey, as it has been, though in much plainer terms, by the salesmen of the "food." How far this is from the truth will be seen from the following description of the process, first obtained by the writer from a laborer formerly employed in Murdock's Liquid Food manufactory, and verified personally at a later date.

The Liquid Food is made from the fresh blood of beeves and sheep, which has been deprived of its fibrin by churning, and to which is added from 10 to 15 per cent. of whiskey, and varying quantities of egg and blood albumen, and various tonics and astringents for the purpose of checking the diarrhoea, which is generally induced by this food. The blood is obtained from the Brighton abattoir, and as has been latterly alleged, from J. P. Squire's packing house. It is taken to the factory where it is emptied into a vat and beaten up by suitable apparatus until the fibrin, commonly known as the "clot," has separated. The liquid is then strained into another vat, and to it is added the whites of eggs, or blood albumen, and sometimes, it is said, fish glue has been used, although the writer has never seen this done. Some extract obtained from raspberry, or cocoa leaves is added, together with a little extract of celery, and then about 15 per cent. of whiskey is gradually incorporated, with constant stirring. In Murdock's Liquid Food no preservative other than the whiskey is added, as far as is known.

The product when finished has a decided taste of raw blood, and a smell which can best be described as "gamey." Various ways of disguising this taste have been tried without success, and, therefore, some method had to be devised for making the public believe that it was a benefit rather than a detriment to the food. To be sure, in many cases, the invalid reflecting on the appetizing name of the compound, and beguiled by the many pictures of sheep and cows framed in a border of luscious fruits, becomes reconciled to the peculiar taste, and perhaps attributes it to his weak condition. For fear, however, that his imagination may not be vivid enough to overcome the taste of a particularly rank bottle, he is informed in the pamphlet referred to that "should the taste or odor of any given bottle chance to be disagreeable, add water until it disappears, and let the purchaser congratulate himself upon getting more nutriment than he paid for." If it were not that the above statement was calculated to do great harm to those who follow the advice there given, it would be very funny. The cause of the strong taste and odor is doubtless the setting in of putrefactive fermentation, which has not

*From the *Boston Journal of Health*.

wholly been prevented by the alcohol. As the fermentation goes on, the taste and odor becomes stronger, it should be a warning to throw the contents of the bottle away. Instead of this, the patient, deceived by the above statement, dilutes the putrefying liquid until the taste becomes weaker, and then takes it into his stomach. The result can be readily imagined. Many cases of dangerous illness have been traced to this cause, the symptoms being similar to those caused by eating canned corned beef, which has long been exposed to the air and begun to putrefy. Hence such a statement, as the one quoted, merits the severest censure, and ought not to be permitted to appear in the circular in question.

As one means of advertising this product, Murdock's Liquid Food, an infant hospital was opened but it did not flourish long. The ostensible reason given for closing it was want of room, but it was generally understood among the profession that the mortality was so large that it was closed for that reason. At any rate the secretary of the State Board of Health wrote to those responsible, who had copied an analysis made by the State Analyst of Food and misstated the alcoholic contents, intimating that if the matter was not set right, he would publish the mortality of the hospital and the actual cost of the food, which is at most, ten cents for a twelve ounce bottle retailing for one dollar. At a later period a hospital for women was started, and by means of various fair sounding promises some of the leading physicians of the city were induced to serve upon the consulting staff, but as soon as they found out the true reason for using their names, *i. e.*, for advertising purposes, they withdrew, and the staff is at present hired and paid. Within a few months a gynecological journal has been started for advertising purposes, in the interests of Murdock's Liquid Food, although that fact is not generally known, the profession supposing that it is a private enterprise of the editor. There is a very interesting history connected with the founding of the business of this food which may be told at some future time, but enough has been written to give the readers of the *Journal* an idea of the preparation and composition of this "food."

That "Shoulder Presentation."—The "recent graduate" to whom Dr. G. H. Simmons referred in his article "Shoulder Presentation," printed in our last issue, has sent us an account of the case which differs in some important respects from that of Dr. Simmons, including a history of hour-glass contraction, etc. We regret that Dr. Simmons made use of so forcible language in his statement of the case if the details are as reported by the "recent graduate" who offers to verify his statements if required. No good purpose will be subserved by further discussion of the subject here.

MISCELLANY.

—The first triennial prize of two hundred and fifty dollars, under the deed of trust of Mrs. William F. Jenks, will be awarded the author of the best essay on "The Diagnosis and Treatment of Extra Uterine Pregnancy." Address, till January, 1889, Ellwood Wilson, M. D., chairman, William F. Jenks, prize committee, College of Physicians, Philadelphia, Pa.

—Dr. Charles A. Bacon, formerly of 139 East Thirty-Fifth street, New York, has removed to 1312 Connecticut avenue, Washington, D. C.

—Dr. George T. Stewart, of Los Angeles, Cal., late of the House Staff, Ward's Island Hospital, has sent us an interesting article on India as a health resort. Readers who desire information respecting the Pacific slope will do well to communicate with Dr. Stewart.

—The publishers of the "Medical World Visiting List", and "Ledger" offer to send a copy of each for two dollars, with the promise to refund the money in three months if not found satisfactory.

—Dr. William B. Garside, late of Brooklyn, has settled at Jacksonville, Fla., where his friends, we are sure, will be glad to refer patients to him as opportunity may occur.

—A climbing plant in India (*Gymnema Sylvestra*) is said for a time to destroy the tongues power to discriminate between bitter and sweet, but pungent, saline, astringent and acid tastes are not affected by it.

—Dr. Strong, Chief of Staff, Ward's Island Hospital, reports 1,030 patients under treatment during the month of January, with a mortality of 2.92 per cent. There will be four vacancies on the House Staff on May 1st. During the past year 2,330 were treated in the medical, 1,360 in the surgical, 127 in erysipelas, 69 in gynecological, 128 in venereal, 64 in ophthalmic, departments. Total 3,969.

—Swift once said that the reason a certain university was a learned institution, was that most persons took a little learning there and few brought any away with them, and so the learning accumulated.

—The University of Berlin has this year no less than 5,357 matriculates. This number by far exceeds that attained by any one university to this date.

—Dr. Lucas, of Paris, and others, have reported several cases of joint inflammation occurring in children suffering from purulent ophthalmia. The joint inflammation is said to resemble gonorrhoeal rheumatism, and it is regarded as infectious.

—A St. Louis doctor makes \$3,000 a year by guaranteeing a cure in every case and paying a lawyer \$5,000 a year to scare patients into refraining from prosecuting on account of the ruinous costs of a lawsuit.

—The eyes of poisonous snakes have been found by Dr. Benjamin Sharp to have elliptical pupils, while in the harmless species they are circular.

—Professor Ordway recommends that water pipes exposed to freezing be covered with glazed cotton batting. It is easily applied, and should be put on to the thickness of one to three inches, according to exposure, being wound around loosely with twine.

—Dr. W. Y. Cowl has been for some months past in Europe for study. He is now in Berlin. Dr. Max F. Hein, of Brooklyn, has also recently gone abroad for the same purpose, locating first in Paris.

—Professor W. O. Atwater, in his article on the pecuniary economy of food in the *January Century*, writes as follows: "That the rich man becomes richer by saving and the poor man poorer by wasting his money is one of the commonest facts in daily experience. It is the poor man's money that is the most uneconomically spent in the market, and the poor man's food that is worst cooked and served at home. I am told that the people in the poorer parts of New York City buy the highest priced groceries, and that the meatmen say they can sell the coarser cuts of meat to the rich, but that people of moderate means refuse them."

